

COLONY OF MAURITIUS

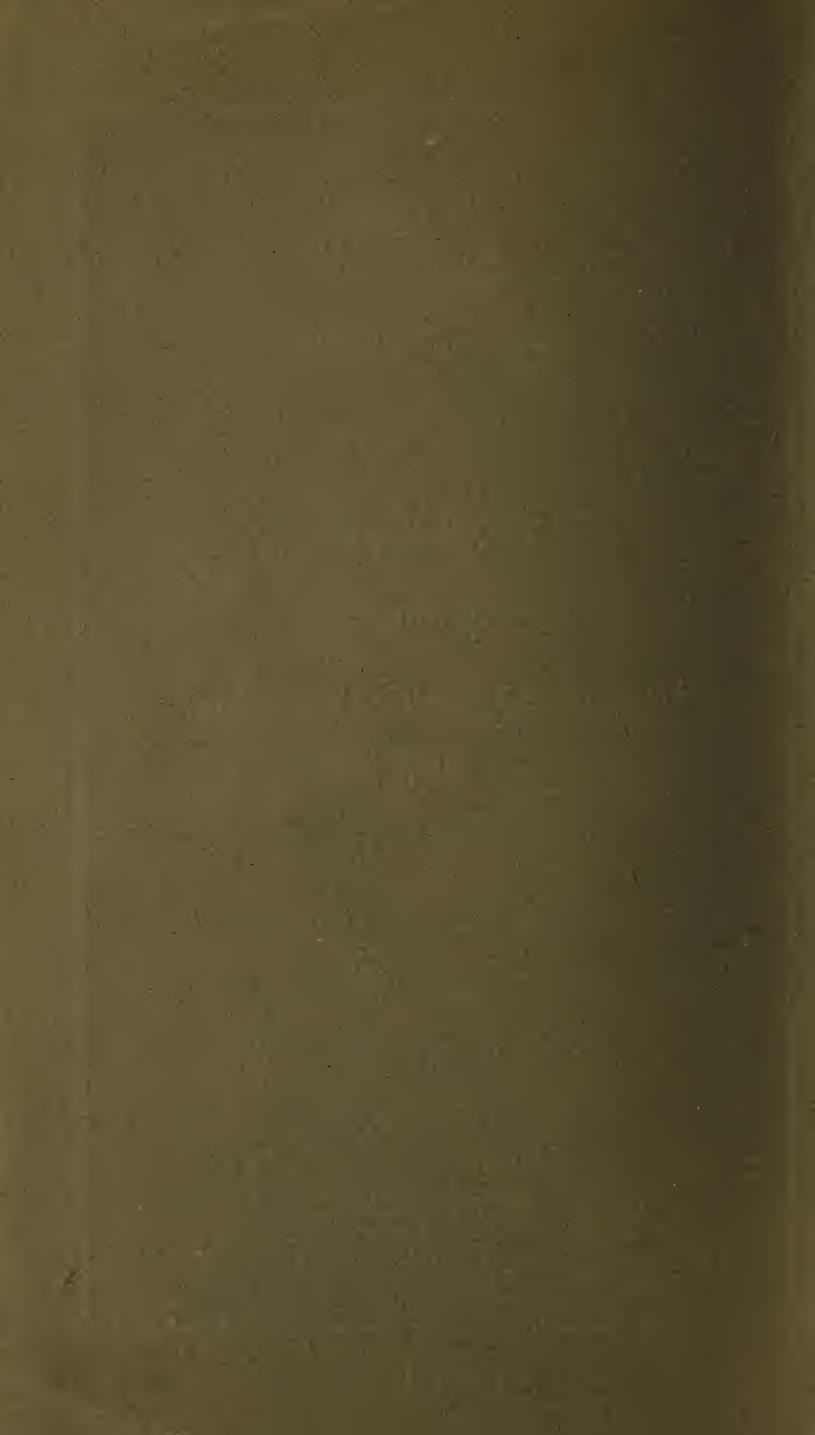
Annual Report

OF THE

Medical and Health Department 1956

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J. ELIEL FELIX, I.S.O., GOVERNMENT PRINTER,
PORT LOUIS, MAURITIUS
NOVEMBER 1958





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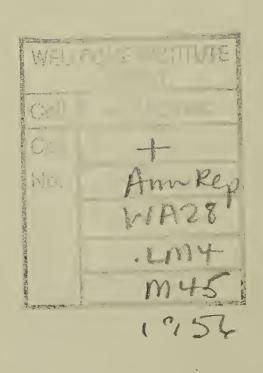
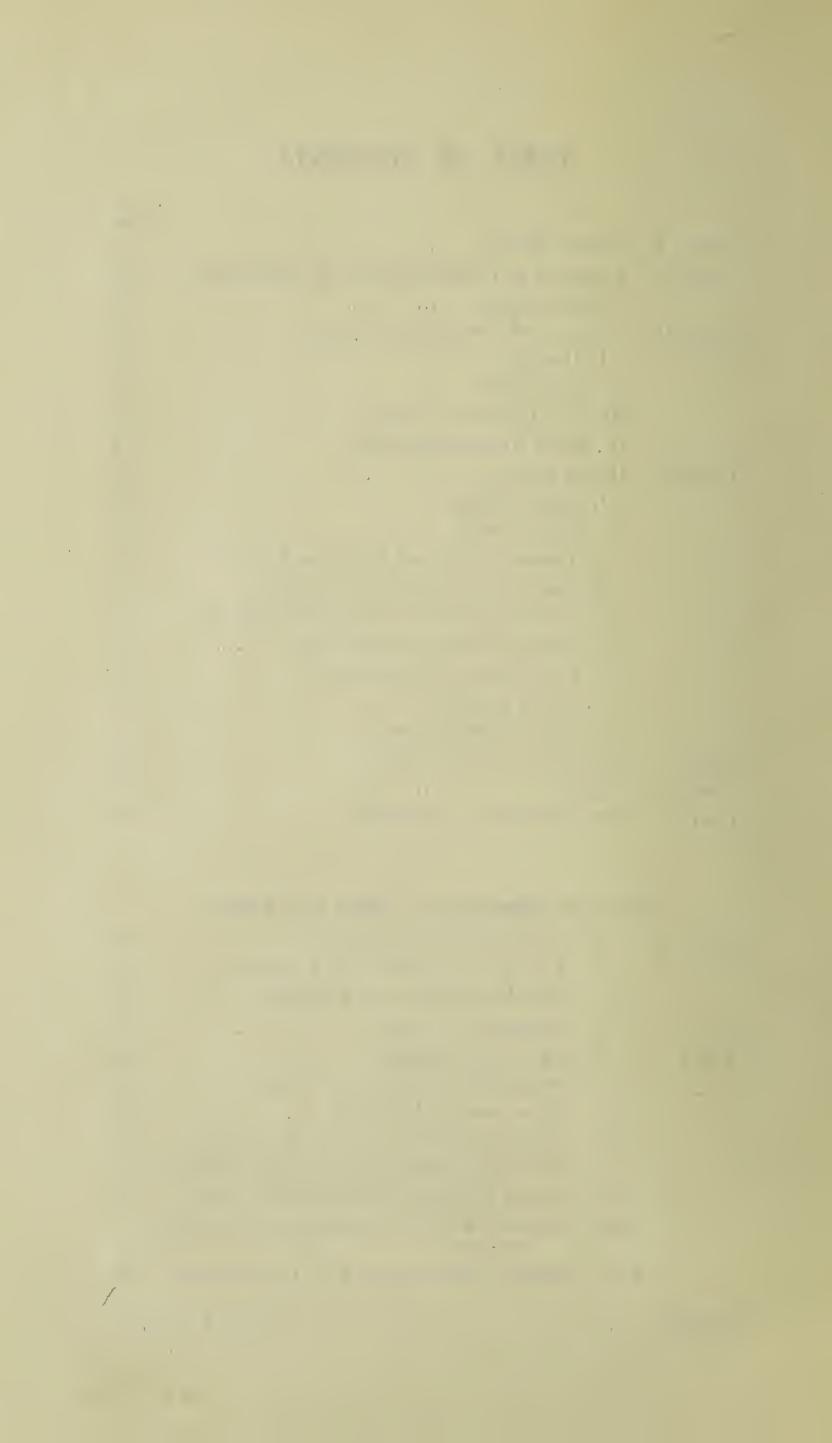


TABLE OF CONTENTS

			PAGE
Part I.	General Review	• • •	1
Part II.	Functions and Organisation of the Department		10
	Administration		11
PART III.	Curative and Investigative Services		14
	I. Hospitals	• • •	14
	II. Out-patients		20
	III. The Laboratory Service		21
	IV. Blood Transfusion Service		21
PART IV.	Health Services		22
	I. Vital Statistics		22
	II. Public Health		25
	A. Communicable and Infectious Diseases		25
	B. Nutrition and Nutritional Diseases		32
	C. Food in relation to Health and Disease	• ^ 7	33
	D. General Measures of Sanitation		33
	E. Port Health and Quarantine		34
	F. Water Supplies		35
	G. Schools Medical Service		36
PART V.	Maternal and Child Health		38
PART VI.	Prisons	• • •	40
PART VII.	The Dependency of Rodrigues	• • •	40
	Mrs. Process consequent or effect to the Armida		
٠	Index to Appendices, Tables and Figures		
APPENDIX	I. Central Health Laboratory		43
	II. Victoria Hospital Branch Laboratory		55
	III. Civil Hospital Branch Laboratory		57
	IV. Government Chemist		59
TABLE	I. Statistics of Hospitals		61
	II. Statistics of Morbidity and Mortality		62
	III. Main causes of Morbidity		72
	IV. Hospital Statistics by Group of Diseases		73
	V. Total births and deaths for period 1940–19		
	VI. Deaths from principal causes 1947–1956		75
	VII. Summary of Work performed by the Hea		
	Inspectorate	• • •	77
	VIII. Shipping movements in Port Louis Harbon	ur.	78
FIGURES	End of V	OL	UME



Annual Report of the Medical and Health Department, 1956

PART I

General Review

The Island lies between latitude 19°50 and 20°31 South and longitude 57°18 and 57°48 East of Greenwich. The total length North to South is nearly 39 miles and its breadth East to West is 29 miles. The area of the island is 716 square miles and that of the islets round the coast 4 square miles, making a total of 720 square miles (460,800 acres). The ground rises to an elongated central plateau, lying roughly North-South, the altitude of which above sea level is 1,800—1,900 feet. It is bounded on the North, East and South-West by abrupt and broken mountain ridges. On the South and South-East it slopes gradually to the sea. The highest mountain peak is 2,711 feet.

- 2. Although Mauritius lies just within the tropics, its climate is on the whole comparatively mild and equable. There are, however, very sensible variations of climate in the different parts of the island. The maximum shade temperature recorded on the northern plains (180 feet above sea-level) has never exceeded 95°F (35°C) and over the central tableland (1,800 feet) the maximum seldom reaches 80°F (27°C), but the high relative humidity renders the heat oppressive at certain times of the year and causes considerable discomfort, especially in the lowlands. For the same reason, the winter in the highlands is uncomfortable, though the temperature never falls below 45°F (70°C).
- 3. Rainfall is abundant, but varies considerably in different parts. The annual mean varies from less than 30 inches on the north and west coast to 150 inches in parts of the central plateau, where in some years the rainfall has been known to reach nearly 200 inches. Tropical cyclones are frequent in the vicinity of the Island during the summer months (December to April) and have at times caused considerable damage to crops, trees and structures, and on rare occasions, even loss of life. The last cyclone to pass over Mauritius was in 1945, when wind forces of about 100 miles per hour were experienced.
- 4. The following notes summarize the main weather features for the year 1956:—
 - (a) Cyclones.—Only the cyclone of January 23rd presented any threat to Mauritius and it moved past the island at a distance of over 200 miles to the north giving only fairly strong winds which caused no appreciable damage.

- (b) Rainfall—Amounts near normal fell in January, and February was fairly wet but thereafter rainfall was below normal in every month except December. April was unusually dry with less than half the usual average of 10 inches for the whole island. In the winter and spring months July to November, the average fall over the island was about 10 inches for the four months instead of the normal 18 inches. By November therefore, water storage was very low, but quantities were replenished in December.
- (c) Temperatures and sunshine.—Variations of temperature from the seasonal normal are usually very low in Mauritius, where an oceanic climate is enjoyed. In 1956 the summer and autumn were considerably cooler than normal; in particular during the mid-summer month of February, day temperatures were 1½°C low and in January and March nearly 1°C low. On the other hand, after July and until the end of the year, temperatures were somewhat above normal, mainly owing to the lack of the fresh trade winds which are characteristic of winter and early autumn.
- The duration of bright sunshine was 6 per cent greater than normal for the whole year. August and November had slightly less than normal but in all other months amounts were high; from March to June amounts were some 10 per cent higher than normal, and October was particularly sunny with nearly 300 hours of sunshine over most of the island.
- (d) Humidity.—The low rainfalls of April and August to November were reflected in relative humidities 5 to 8 per cent below the seasonal normal.
- 5. The population lives mainly on the proceeds of sales of its sugar: the whole economy being at present dependent on this single crop which constitutes some 97 per cent of the domestic exports. The year 1956 was again one of prosperity, the sugar crop having reached a further record figure: 571,893 tons as compared to 533,341 for 1955 and 498,742 for 1954.

The most recent plan concerned with the development of the Colony's resources has taken into account an appreciable extension of the tea industry and this project, when completed, should naturally strengthen the economy of the island. The bulk of the food required continues to be imported as Mauritius produces, apart from vegetables and fruits, insignificant quantities of rice, maize, potatoes and other root crops.

6. First and foremost is the problem of the rapid growth of population outstripping the available medical facilities. The live births during the year numbered 24,910, a figure which gives a rate of 43.8 per 1,000 of the mid-year population and represents an increase of 1,940 on the number of births for 1955 and an increase of 3,525 over the average number of births for the ten years preceding 1956.

Mauritius is already overpopulated in relation to its resources, and the increase in the natural growth of the population is taking place at an exorbitant rate in an island which is only 720 square miles in area. The number of inhabitants is now well over three times what it was a century ago and has augmented from 428,273 in 1946 to 579,123 in 1956.

- 7. The Government continued to provide facilities for post-graduate specialisation of professionals and during the year under review one Medical Officer passed the final examination for the F. F. A., two the primary F. R. C. S., while a fourth obtained the D. M. R. D. Two more Medical Officers were following the course leading to the D.P.H., one specialising in pathology with the intention of sitting for the D. C. P. in 1957 and another was preparing for the D. P. M. and following a course on electro-encephalography.
- 8. Development and expansion of the hospital services continued without break in 1956. The most notable event was the opening on the 30th September of the New Orthopaedic Centre by Her Royal Highness the Princess Margaret an institution which, when fully completed, will have 216 beds. Her Royal Highness graciously consented to the new hospital being named "The Princess Margaret Orthopaedic Centre."

Earlier in September, Lady Scott opened the first residential training school for nurses which has been built near the Victoria Hospital in Quatre Bornes. The First Health Centre at Rose Hill opened at the beginning of February, and towards the end of the year work was commenced on a new block, destined to accommodate sixty patients at the Mental Hospital, Beau Bassin, and on an Ophthalmic Unit which will comprise an out-patient department, an operating theatre and ward accommodation for thirty patients.

- 9. The medical capital building programme was revised at the beginning of the year and provides for a total estimate of just over 10,000,000 rupees. The following projects were put in hand immediately so as to enable actual construction to start as early as possible in 1957: a tuberculosis hospital of 190 beds with, as an adjunct, a large out-patient department, a new central public health laboratory, a large out-patient and administrative block for the Civil Hospital, Port Louis, and a new hospital of 68 beds for the dependency of Rodrigues.
- 10. The general out-patient dispensary service was strengthened by the opening of a new modern dispensary to replace the temporary arrangements which have been made for a static dispensary at Piton in the district of Riviere du Rempart. This service provides, in addition to the general out-patient clinics at the ten hospitals of the Colony, 37 out-door dispensaries open daily to patients and four mobile units which visit outlying areas at regular intervals. Maximum use continues to be made of the satisfactory network of out-patient departments in order to save beds and to give immediate attention to patients requiring medical care.

11. The figures given hereunder show the increase in the demands made on the services provided:—

Y	⁷ ear		In-patients all hospitals	Ont-pal. static dispen- saries	Onl-pat. mobile dispensaries	Surgical Operations	Examination made at the P.H Laboratory
1930			26,773	189,656		6,017	14,199
1935		• • •	27,908	270,726		7,509	9,269
1940	• • •	• • •	28,073	378,588		10,129	not available
1945			27,321	293,621		8,377	20,522
1950			28,303	303,549	46,653	14,680	32,249
1956			30,971	501,072	81,822	39,544	118,118

12. The following health facilities were available in the island in 1956:—

A. MEDICAL AND HEALTH STAFF

					Govern- ment	Private
Registered doctors		• • •			55	61
Principal Matron	• • •	• • •	• • •		1	
Matrons	• • •	•••			4	
Senior Nursing Sisters				•••	5	
Nurses in hospitals			• • •		166	****
Dressers in hospitals	• • •			•••	210	
Superintendent of Midwi	ves	• • •		• • •	1	
Midwives	• • •				69	' -
Sanitary Inspectors	• • •				62	
X—Ray Specialists	• • •	• • •			1	1
Assistant Radiologist	•••				1	
X—Ray technicians					5	Constitutions
Pharmacists	• • •	•••			2	45
Dentists	• • •	• • •			4	25

B. GOVERNMENT INSTITUTIONS

General Hospitals	•••	No. of Institutions 8	No. of beds 1,207
Dispensaries (including 2 in the Prisons)	* • •	48	
Specialised Units:—			
(a) Maternity and Child Welfare Centre	·s	9	
(b) Leprosarium	• • •	1	62
(c) Mental Hospital		1	707
(d) Orthopaedic Hospital		1	157
(e) Prisons Hospitals	• • •	2	46
Mobile Units :—			
(a) Dispensaries		4 units	
(b) Ante-natal clinic		1 unit	
(c) Dental clinics	•••	2 units	

C. PRIVATE INSTITUTIONS

Hospitals on sugar estates			• • •	· 33	738
Dispensaries on sugar estates	• • •			8	
Nursing Homes	• • •	• • •	• • •	4	-

13. The success of the preventive services is reflected in the

figures published hereunder:-

Year		I	Population	Birth rate	Death rate	Infant mortality rate	Maternal mortality rate
1946		• • •	424,219	38.7	2 9·5	145.2	10.39
1947	• • •		432,422	43.8	20.1	113.9	5:25
1948			441,822	43.1	23.8	186.3	4.13
1949			444,521	46.0	16.6	91.0	3.79
1950		• • •	464,735	49.7	13.9	76.3	3.21
1951		• • •	483,859	47.5	14.9	83.2	3.24
1952	• • •		501,469	48.1	14.8	80.8	3.30
1953	• • •	•••	516,525	46.3	16.1	93.5	2.71
1954	•••	•••	530,461	41.3	16.0	81.1	1.70
1955	•••	•••	549,094	41.8	12.9	67.2	1.47
1956			568,886	43.8	11.8	66.0	2.13

- 14. Anæmia and malnutrition continue to be one of the most serious public health problems in Mauritius. Following the visit in 1955 of Professor A. W. Woodruff, F. R. C. P., of the London School of Tropical Medicine and Hygiene, the World Health Organization agreed to provide technical assistance to enable the local nutrition problem to be fully investigated. The Organisation's Medical Haematologist arrived in August and started work immediately. A non-medical nutritionist was due to arrive early in 1957.
- 15. Tuberculosis is another problem which is coming with increasing prominence to the fore. During the year under review, the anti-tuberculosis work of the Health Department continued to expand, and a World Health Organization team consisting of one Medical Officer, one Statistician and one Public Health Nurse arrived in May to assist in a survey which was started some years before. The team carried out a tuberculin sensitivity survey from a randomly selected sample of about 8,200 persons living in the capital town of Port Louis and in 13 villages. Preliminary results confirmed previous findings that the frequencies of infection are higher in the capital than in the villages, with some indication that the frequency of infection increases with the size of villages. Preliminary findings showed that the pattern of tuberculin sensitivity in Port Louis and in the village populations is essentially the same: the prevalence of tuberculous infection increases with age, especially during adolescence, and is consistently higher in males.
- World Health Organization in the form of specialised staff and equipment. The next step in the development of a tuberculosis control programme will be a comprehensive survey with a direct assessment of infectious cases in the population, by means of X-Ray and sputum examinations and there-after a case-finding campaign starting among the highly infected population of the capital, based on the Chest Clinic due to be constructed. In this connection, plans are being made for the building of the first Chest Clinic in Port Leuis from a donation of the Board of Trustees of the Edgar Laurent Tuberculosis Fund.

- 17. A problem which has received a solution under the General Development Programme is that of improved water supplies, one of the basic requirements of public health anywhere. By the end of 1958, the whole of Mauritius will be supplied with filtered and chlorinated water and in addition, approval has been given to a proposal for the fluoridation of water. To start with, a pilot scheme will be operated. Fluorine will be added to the extent of 0.6 p.p.m. to one of the supplies delivering 5,000,000 gallons of water daily and the effects on the dependent population will be closely watched.
- 18. The year under review was favourable in regard to the incidence of infectious diseases. The only epidemic manifestation was a small outbreak of typhoid fever in the early weeks of the year in the District of Grand Port, which was quickly brought under control.
- 19. No cases of quarantinable diseases have occurred for a considerable time, but, as pointed out in previous years reports the frequency and speed of international traffic necessitate the maintenance of a well-organised port and airport health service to watch at the gates of the island. Malaria having now been mastered, and *Acdes aegypti* to all evidence completely eradicated, the quarantine service maintains constant vigilance to ensure that are not-re-introduced these insects or new insect vectors imported.
- 20. The notification of 31 paralytic cases of poliomyelitis during the twelve months of the year came as a reminder that this disease which has caused so much damage since 1945 is an everpresent danger. Thanks to the assistance of Dr. J.H.S. Gear of the Poliomyelitis Research Foundation of Johannesburg, to whom we are all greately indebted, a survey of the immunity status of the island was carried out and the results obtained confirmed that children aged between 1 and 5 years are those most susceptible to the disease. Consideration is being given to the possibility of carrying out an island-wide polio vaccination campaign to protect children in the most vulnerable age groups.
- 21. The main duties of the School Health Service which looks after about 89,000 school children are to examine new entrants and leavers, children previously found defective and special cases referred by the teachers. The closest cooperation now exists between the staff of the School Health Service, the teaching Staff and the parents of school children, with the pleasing result that the state of cleanliness of the pupils has appreciably improved. The maximum attention possible with the present limited staff continues to be paid to the personal hygiene and nutrition of the school child and the environment of the schools. In particular, it is not yet possible to give to individual pupils all the attention one would wish. A school travelling dispensary administers minor treatments in rural areas. All primary school children receive a daily ration of sugared skimmed milk flavoured with cocoa; cases recommended by a Medical Officer get an increased ration of milk and/or additional nutrients such as yeast, Vitamin A plus Vitamin D Capsules and iron.

- 22. The Dental Service concentrated on the policy of directing most of its effort to work on school children and whenever possible, provided this was not detrimental to the School Health Service, preventive dentistry was offered to a number of expectant and nursing mothers. In addition, one of the Mobile Clinics gave dental attention on Saturdays, when the schools are closed; to the chronic sick at the Mental Hospital and at the Princess Margaret Orthopaedic Centre. A second Mobile Dental Clinic was put on the road early in 1956.
- 23. Alcoholism remains a major aetiological factor in the causation of mental diseases in males. Out of the 516 male patients admitted at the Mental Hospital during the year, 88 were suffering from alcoholic psychoses and in 48 cases alcohol was a contributing factor to mental derangement. Attention was drawn in last year's report to the increase in the number of gandia (cannabis) addicts coming under the care of the psychiatrists. Fifteen cases were registered among the admissions to the Mental Hospital in 1956, as compared to 14 in 1955 and 3 in 1954.
- 24. Expansion of the Maternal and Child Health Service has continued despite staff difficulties. More assistance was given through the various static centres, the mobile units, the hospitals and the domiciliary midwifery service. Three new static centres were opened in the rural areas at Surinam, Bambous and l'Escalier respectively. All the personnel engaged on maternal and child health provided a vital, but necessarily unpublicised, contribution in the control of venereal diseases.
- 25. On the Subject of venereal diseases, it is gratifying to publish the following figures relating to the treatment of cases of gonorrhoea in all the hospitals of the Colony:—

Yea	7 1' C		New	Cases	Total cases
100	113		M	F	
1951	•••	•••	49	1	50
1952	•••	• n •	20	6	26
1953	• • •	•••	13	1	14
1954	•••	•••	16	1	17
1955	• • •	•••	9	4	13
1956	•••	•••	11	1	12

26. The Director of Medical Services is still acting as Registrar of the Blind. The total number of persons appearing on the register up to 1956, was 57, distributed as follows:—

Age Group Female Male	• • •	1		15-24 3 2	25–44 5 11	_	65–74 3 —	Total 33 24
	TOTAL	 1	2	5	16	30	3	57

It appears from the above figures that the incidence of blindness in Mauritius is one of the lowest in the World, the rate being 10.02 per 100,000 of the population, calculated on the mid-year population which was 568,886.

- 27. The Welfare of the Blind and the Prevention of Blindness Society, which is financially assisted by the Government and of which the Director of Medical Services is a member, is building a residential training centre for the blind at Beau Bassin. It is hoped that this fine building will be completed during the second half of 1957.
- 28. The survey of deaf and dumb children started on the initiative of the Health Department continues and at the end of the year 55 names appeared in the register.
- 29. Finance.—The revenue of the Government for the financial year 1955-56 was Rs. 143,016,922, of which Rs. 138,572 were received through the Medical and Health Department. The total expenditure on the Medical and Health Services was Rs. 11,023,254. This represents a sum of Rs. 19.69 per head of the estimated population at the 31st December, 1955.
- 30. Legislation.—The following measures were finalised and became law during the year under review:—
 - (a) The Public Health (Amendment) Ordinance 1956 (No.18 of 1956) amending Section 193 of the Public Health Ordinance (Cap. 277) respecting the fees payable for permits to sell meat in public markets;
 - (b) The Medical Practitioners (Amendment) Ordinance 1956—to amend the Medical Practitioners Ordinance by making provision for the registration of Medical Practitioners sent by the World Health Organization to this Colony with a view to assisting the Public Health Department in connection with some of its development schemes.
 - (c) The Dangerous Drugs Ordinance1950 (Application) Proclamation 1956 (No. 8 of 1956) extending the application of Part IV of the Dangerous Drugs Ordinance 1950 to certain drugs.
 - (d) The Dangerous Drugs Ordinance 1950 (Application) (No. 2) Proclamation 1956 (No. 24 of 1956), extending the application of Part IV of the Dangerous Drugs Ordinance 1950 to certain drugs;
 - (e) Government Notice No. 29, being Regulations made under sections 155 and 193 of the Public Health Ordinance (Cap. 277) to fix the charges to be levied at hospitals for X-Ray examinations and treatment by X-Ray and Radium Therapy;
 - (f) Government Notice No. 41, being Rules made under Section 6 of the Quarantine Ordinance 1953; for setting out the fees payable to the Quarantine Authority in respect of quarantine services;
 - (g) Government Notice No. 48, being Regulations made under item (a) of paragraph I of Part VI of Section 193 of the Public Health Ordinance (Cap 277), fixing the tariff for the re-opening of a vault and digging of a grave;

- (h) Government Notice No. 49, being Regulations made under item (a) of paragaaph (1) of Part VI of Section 193 of the Public Healih Ordinance (Cap. 277) fixing the charges for night soil service performed on private premises in the towns of Curepipe and in the village of Phoenix.
- (i) Government Notice No. 58, being Regulations made under paragraph (5) of Part V of Section 193 of the Public Health Ordinance (Cap. 277), fixing the rates to be charged for the monthly hire of stalls or spaces in public markets.
- (j) Government Notice No. 59, being Regulations made under paragraph (15) of Part V of Section 193 of the Public Health Ordinance (Cap. 277), fixing the annual fee to be paid for a permit to sell meat.
- (k) Government Notice No. 60, cited as the Public Health (slaughter-houses) (Amendment) Regulations 1956, fixing the tariff of fees or charges to be levied for the killing and preparation for sale of slaughtered animals.
- (1) Government Notice No. 77, being Regulations made under Section 4 of the Quarantine Ordinance 1953, amending Regulations 2 and 4 of the principal Ordinance.
- (m) General Notice No. 980, made under Section 161 of the Public Health Ordinance (Cap. 277), to select and appoint a portion of land to be used as a public cemetery at Bambous.
- 31. The suicide mortality rate for the year under review was 6.68 per 100,000 of the population. The rate in respect of each of the ten years preceding 1956 is given below:—

	Year		Rate per 100,000 population
1946		•••	7.31
1947	•••	• • •	11.26
1948	•••	•••	7.92
1949	• • •	•••	8.87
1950	•••	• • •	6.45
1951	,	• • •	7.23
1952	•••	• • •	5.38
1953	•••	,	5.22
1954			6.29
1955	• • •	•••	9.10

- 32. Visitors from overseas included:
- Mr J. Hamon, Research Entomologist, Ministère de la France d'Outre mer, Paris.
- Mr. Jean Dupoirieux, Tuberculosis Specialist, Reunion.
- Miss Lyle Creelman, Chief of the Nursing Section, World Health Organization, Geneva.
- Dr Kenneth Martin, World Health Organization Representative, East African area.
- Miss D. Rittner, Liaison Officer for Mauritian Students.

Mr Neale B. S. Hewett, U.N.I.C.E.F. representative, East African area.

Mr W. H. Chinn, Social Welfare Adviser to the Secretary of State.

It is pleasant to report that Mauritius continues to attract distinguished visitors from abroad, who come to advise on or study our health problems, and that its health problems and archievements are becoming better known over the world than they were a few years ago.

33. Voluntary workers have extended help in many ways to the Health Department and tribute is paid to the many private citizens whose contribution has been valuable. The work of the following societies and organizations is gratefully acknowledged:—

The Maternity and Child Welfare Society

The Mauritius Branch of the British Red Cross Society

The Tuberculosis Society

The St. John Ambulance Association

The Stretcher Bearers Association

The Friends of Moulin a Poudre

The Welfare of the Blind and the Prevention of Blindness Society.

PART II

Functions and Organisation of Department

- 34. The functions of the Medical and Health Department are:
- (a) To investigate the influence of Social, environ mental and domestic factors on the incidence of human disease and disability;
- (b) To plan and carry out measures for the promotion of health;
- (c) To institute and maintain measures for the prevention of diseases;
- (d) To provide a quarantine service to prevent the introduction of infectious disease by sea or air;
- (e) To provide facilities for treatment of disease, including mental disease, by maintenance of hospital and dispensary services;
- (f) To make provision for the rehabilitation of the disabled;
- (g) To control the practice of medicine, dentistry and pharmacy;
- (h) To provide facilities for the training of nurses, midwives and sanitary officers;
- (i) To advise local authorities regarding their health services and to inspect those services;
- (j) To prepare and publish reports and statistical or other information relating to health.

Administration

STAFF

- 35. The activities of the Department are co-crdinated by the Director of Medical Services assisted by two Deputies. The official establishment staffing and operating the preventive, curative and investigative services consists of:—
 - 3 Medical Superintendents
 - 8 Specialists (1 vacant)
 - 2 Part-time specialists
 - 2 Pathologists (1 vacant)
 - 2 Senior Medical Officers of Health
 - 2 Medical Officers of Health (2 vacant)
 - 44 Medical Officers (14 vacant)
 - 1 Woman Medical Officer
 - 3 Schools Medical Officers (2 vacant)
 - 5 Part-time Medical Officers i/c Mobile Dispensaries (1 vacant)
 - 3 Temporary Medical Officers
 - 1 Assistant Orthopædic Surgeon
 - 2 Assistant Radiologists (1 vacant)
 - 2 Assistant Tuberculosis Officers (1 vacant)
 - 2 Assistant Anæthetists (1 vacant)
 - 4 Dental Surgeons
 - 2 Chemists (1 vacant)
 - 2 Pharmacists
 - 1 Rehabilitation Officer
 - 1 Principal Matron
 - 4 Matrons
 - 1 Superintendent of Midwives
 - 2 Physiotherapists
 - 1 Assistant Superintendent of Midwives
 - 1 Assistant Matron
 - 2 Occupational Therapists (1 vacant)
 - 19 Laboratory Assistants (1 vacant)
 - 38 Senior Dressers and Nurses (4 vacant)
 - 434 Dressers and Nurses (87 vacant)
 - 69 Midwives (6 vacant)
 - 93 Hospital Attendants, Sisters of Mercy, Assistant Nurses, District Visitors, Village Health Workers, Radiographers (12 vacant)
 - 5 Senior Sanitary Inspectors
 - 1 Port Health Inspector
 - 1 Officer i/c Harbour Disinfecting Station
 - 62 Sanitary Inspectors, Assistant Inspectors and Market Inspectors (3 vacant)

- 2 Officers i/c Orthopædic Workshop and Attendant
- 1 Steward Quarantine Station
- 1 Transport Officer
- 2 Storekeepers
- 39 Clerks and Assistant Clerks
 - 9 Typist Stenographers
- 19 Secretaries (3 vacant)
 - 1 Registrar of Health Statistics, 1 Compiler.

MALARIA ORGANISATION

- 1 Medical Officer of Health
- 1 Entomologist
- 1 Malaria Survey Officer
- 1 Field Officer and 2 Assistant Field Officers
- 1 Senior Malaria Inspector
- 3 Malaria Inspectors Grade I and II
- 1 Laboratory Assistant
- 6 Junior Laboratory Assistants.
- 1,998 others, including storekeepers, headmen, drivers, field workers, labourers, watchmen etc.

PERSONNEL

- 36. The medical establishment was increased by 11 Medical Officers, 3 Specialists, 1 Assistant Radiologist, 1 Assistant Anaesthetist, 1 Assistant Tuberculosis Officer, 1 Part-time Medical Officer, but 1 Specialist retired, 2 Deputy Directors went on final leave prior to retirement on reaching the agelimit and 1 Medical Officer died. 10 Medical Officers were on leave in the United Kingdom, of whom one was studying for the Fellowship of the Faculty of Anaesthetists which he obtained during the year, one for the Diploma in Medical Radiology (Diagnosis) which he also obtained, two for the Fellowship of the Royal College of Surgeons of London, two for the Diploma in Public Health, one for the Diploma in Clinical Pathology and one for the Diploma in Psychological Medicine. After sitting for the D.P.M. Examination, the last named officer will follow a course on electro-encephalography.
- 37. One Health Inspector completed a course on Health Education which he was taking under a fellowship granted by World Health Organization.
- 38. One member of the Radiology Division followed a course on maintenance of electro-medical equipment.
- 39. Two Mauritian girls were training at the Kent and Canterbury Hospital with a view to becoming State Registered Nurses. One male nurse was following a course on mental nursing. In Mauritius, 37 nurses and 2 health inspectors qualified during the year and there were 221 nursing students, 15 pupil midwives, 5 health cadets and 3 student radiographers in training.

TRAINING OF MEDICAL AND HEALTH STAFF

- 40. Conditions and qualifications required are as follows:—
- (a) No one may practise medicine and surgery in Mauritius unless he is the holder of either a qualification which renders him eligible for registration in the United Kingdom or a state degree in medicine delivered by any of the Faculties of France;
- (b) Persons authorised to practise as pharmacists in the Colony are those possessing diplomas or certificates entitling them to practise as Pharmaceutical Chemists or Chemists and Druggists, or as Apothecaries in the United Kingdom, or provided with diplomas as chemists and druggists or pharmacists from foreign Universities or Colleges, and authorised by virtue of a commission issued to them by the Governor on the recommendation of the Pharmacy Board, to act as pharmacists in the Colony; or persons who obtain a Colonial diploma of pharmacist under the provisions of the Pharmacy and Poisons Ordinance, 1955, and are authorised by the Governor as aforesaid, to practise as pharmacists;
- (c) The conditions governing the practice of dentistry are indentical to those applicable to doctors: the majority of the dentists have qualified in the United Kingdom;
- (d) Nurses and midwives must be registered at the Medical and Health Department before being allowed to practise: only those trained in the United Kingdom and in Mauritius are eligible for registration;
- (e) Sanitary Inspectors trained in the United Kingdom or in Mauritius are employed by the Department and one local authority.

There are no facilities available locally for training doctors and dentists. Persons wishing to obtain the local diploma of pharmacist study under private tuition and have to pass an examination arranged by the Pharmacy Board under the Pharmacy and Poisons Ordinance, 1955. The training of nursing staff has since 1948 been raised to a standard much higher than that accepted in pre-war days, and the training course has been extended to three years for the General nursing certificate with an additional year for the midwifery certificate; examinations are set on a syllabus which is very similar to that of the United Kingdom. In the case of midwives, the training course extends over 18 months, one-third of that time being spent on the District Midwifery Service. After passing their final examination, nurses and midwives are generally employed by the Department where they acquire additional experience. A few resign to go into private practice or join the staff on sugar estate hospitals. Sanitary Inspectors are trained during 18 months on a syllabus similar to that of the Royal Sanitary Institute. After passing the final examination, they are all employed by the Medical and Health Department,

THE PHARMACEUTICAL AND STORES SECTION

- 41. Recognition must be given to the Pharmaceutical Laboratory of the Department which under the Senior Pharmacist performs work of great importance to every division of the Department. For the time being, the laboratory is temporarily accommodated at Victoria Hospital and, in view of the restricted space available, concentrates mostly on the preparation of infusion fluids and injections. Its work will be increased as soon as it can move to new accommodation which is due to become available early in 1958, and it is estimated that an important saving will be effected when the manufacturing programme can be expanded.
- 42. The Stores Section is in the charge of a Chief Storekeeper who is responsible for storing and distributing drugs, dressings, bedding and clothing, surgical instruments and other equipment. The Senior Pharmacist is responsible for the whole pharmaceutical service and assists the Director of Medical Services in supervising the placing of orders for drugs and special dressings.

PART III

Curative and Investigative Services

I. Hospitals

43. A summary of the distribution of public hospitals and beds is given below:—

Hospital		Number of beds	
Civil Hospital, Port Louis	•••	410	
Victoria Ĥospital, Quatre Bornes	•••	263	
Long Mountain Hospital	•••	66	
Poudre d'Or Hospital	•••	70	
Flacq Hospital	•••	116	
Mahebourg Hospital	•••	105	
Souillac Hospital	•••	97	
Moka Hospital	•••	80	
			1,207
Special Institutions:—			
Mental Hospital	• • •	707	
Leper Settlement	• • •	62	
Orthopædic Centre	•••	157	
			926
GRAND TOTAL	•••		2,133

44. Table I indicates the work performed at the various hospitals: 30,971 in-patients were treated during the year as compared with 29,383 in 1955, 31,048 in 1954 and 31,909 in 1953. In examining the above figures, it must not be inferred that the position is tending to become more stable. The demands on the available accommodation have since many years reached saturation point and it is not possible to do more with the staff and beds at the disposal of the Department. The public owes a debt of gratitude to the hospital staff.

- 45. Several buildings are in the course of construction and plans are at an advanced stage of preparation for many others. However encouraging future prospects are, the possibilities of architects and builders cannot yet equal the impatience of the departmental staff nor meet the increasing demands made by the public on the medical services
- 46. Pending the availability of additional beds, priority continues to be given to patients requiring immediate curative treatment.
- 47. The revised hospital expansion programme as approved during the year includes:—
 - (a) A new tuberculosis hospital of 190 beds with a Chest Clinic as an adjunct to it;
 - (b) A new hospital of 68 beds for the dependency of Rodrigues;
 - (c) The addition of 54 beds to the Princess Magaret Orthopaedic Centre;
 - (d) The addition of 160 beds to the Civil Hospital Port Louis;
 - (e) The addition of 125 beds to the Victoria Hospital, Quatre Bornes;
 - (f) The addition of 120 beds to the Mental hospital;
 - (g) The addition of 40 beds to each of the following hospitals: Mahebourg, Souillac, Moka, Flacq, Long Mountain and Poudre d'Or.
- 48. With the exception of the speciality of psychiatry centered on the self-contained Mental Hospital, the services of specialists are centralised at the two major centres of treatment which are the Civil Hospital in Port Louis and the Victoria Hospital at Quatre Bornes. The extensions in hand for the Victoria Hospital include an ophthalmic Unit of 30 beds with out-patient service and an operation department.
- 49. Ambulance Service.—The number of ambulances in use in the Medical and Health Department at the end of the year was 16. Three new ambulances were on order through the Public Works Department
- 50. Radiodiagnosis.— The total number of X-Ray examinations reached the figure of 26,424 as follows:—

(a) Gastro-intestin	nal cases	s .	••	•••	• • •	•••	3,132
(b) Chest			••	• • •	•••	•••	9,571
(c) Orthopaedic.			••	•••	•••	•••	12,493
(d) Gall bladder.		-			•••	• • •	175
(e) Plain abdomen		~	ncies e	etc.)	•••	• • •	618
(f) Urinary tract.			• •	•••	•••	•••	225
(g) Others	•••	•	• •	• • •	• • •	• • •	210

51. Radiotherapy.—The number of patients accepted for radium treatment totalled 83, distributed as under:—

Carcinoma of the uterus	•••	•••	•••	•••	67
Malignant skin disease	• • •	• • •	•••	•••	8
Epithelioma of buccal cavity	•••	• • •	•••	•••	8

Radioactive isotopes, received by air, were applied on two occasions.

52.—(a) OPHTHALMOLOGY. The following work was done by the two ophthalmologists:—

•	- (3				Cases .		Att	tendances	
			*						7
				M	F	Total	M	F	Total
Conjunctivitis	•••	• • •	• • •	502	414	916	618	545	1,163
Ophthaimia	•••	• • •	•••	8	5	13	10	6	16.
Blepharitis	•••	•••	•••	41	63	104	43	71	114
Choroiditis	•••	•••	• • •	7	10	17	13	20	33
Iridocyclitis	•••	•••	• • •	23	17	40	54	31	85
Inflammatory disea	ses	•••	•••	73	66	139	101	100	201
Refractive errors	•••	• • •	•••	634	663	1,297	735	779	1,514
Corneal ulcer	• • •		•••	317	133	450	391	188	579
Pterygium	•••	•••	•••	66	106	172	79	143	222
Strabismus	• • •	•••	• • •	27	46	73	30	66	96
Cataract	• • •	•••	• • •	508	671	1,179	776	1,033	1,809
Glaucoma	•••	•••	•••	30	27	57	85	61	146
Hordeolum	•••	• • •	• • •	123	101	224	135	106	241
Iritis	•••	• • •	4 * *	99	62	161	162	99	261
Keratitis	• • •	• • •	• • •	157	154	311	215	213	428
Uveal tract	• • •	•••	4 • •	35	18	53	60	23	83
Optic, nerve and re	tina	•••		140	97	237	216	157	373
Lacrymal duct and			•••	62	148	210	74	199	273
Corneal opacity	•••		•••	40	25	65	71	37	108
Chalazion	•••	•••	• • •	36	47	83	53	71	124
Ectropion and Ent	ropion	•	• • •	2	2	4	3	2	5
Foreign bodies	•••		•••	208	18	226	213	19	232
Internal injury of e	ye bal	1	•••	152	58	210	196	71	267
Burns	••	•••	•••	1,1	-	11	11	_	11
Other diseases	•••		• • •	677	617	1,294	798	751	1,549
0,2200						,		5 1 4	
	То	TAL	•••	3,978	3,568	7,546	5,142	4,791	9,933

(b) The operations performed were:—

Cataract	• • •	• • •	• • •	• • •	219
Iridectomy	• • •	• • •	• • •	•••	13
Glaucoma	• • •	• • •	• • •	• • •	10
Capsulotomy	•••		• • •	•••	9
Evisceration and enuclea	ation	• • •	• • •		10
Styes and chalazion	• • •		• • •	•••	55
Lacrymal ducts	•••	• • •	• • •		19
Ectropion	•••	•••	•••	•••	2
Intra-ocular foreign bodi	es	•••	•••		3
Injury and conjunctival	flap	•••	•••	•••	13
Donnersanskoakoman	•••	•••	•••	•••	17
Strabismus	•••	•••	•••	•••	1
Keratotomy	•••	•••		•••	10
Pterygium	•••	• • •	•••	•••	11
Other operations	•••	• • •	•••	•••	290
•					
		Тот	AL	•••	682

- 53. The Orthopædic Unit.—The following figures demonstrate the activities of the Unit:—
 - (a) Attendances of Patients at Doctor's Consultations:—

Attendances Re-attendances	• •	•••	•••	• • •	2,622 6,952	9,574
Attendances of p				•••	399 9,175	9,574

(b) Distribution of attendances at :-

 Orthopædic Hospital
 ...
 ...
 7,921

 Victoria Hospital
 ...
 ...
 1,469

 Civil Hospital
 ...
 ...
 ...
 139

 District Clinics
 ...
 ...
 ...
 45

(c) Operations at Orthopaedic Hospital:—

In-patient 743 3,452 Out-patient ... 2,709

(d) Attendances at Physiotherapy Department:—

In-patients ... 12,399 Out-patients ... 25,152 Victoria Hospital ... 3,478

(e) Patients wearing instruments under supervision:—

Polio cases ... 750 1,228 Orthopædic cases ... 478

- 54. The Orthopaedic Workshop.—This essential complement of the orthopaedic service, provides nearly all the instruments and appliances required on the island. The output of work was, as usual, very high and of an excellent order. Over 4,800 appliances, including 1,627 pair of special boots were manufactured, and over 5,000 articles were repaired.
- 55. (a)—The Mental Hospital. The lack of accommodation, especially on the male side, remained acute. The new ward block under construction will provide additional space for 60 patients while the transfer of quiet and well behaved old chronic dements to infirmaries due to take place in 1957 will help ease the situation.
 - (b) The insane population of the Colony on the 31st December, 1956, was distributed as under:—

In Hospital 611
On probation leave ... 511
On leave for the New Year ... 72
In Infirmaries 101

Total ... 1,295

The sex distribution of the 1,295 certified insanes was males 62.16 per cent and females 39.25 per cent.

(c) The rate of insanity per 10,000 of the population for Mauritius and the Dependencies was 22,146 for an estimated population of 584,736. This rate compares favourably with the average rate obtained in Europe. The rate of insanity per 10,000 of population in relation to each community was 35.28 for the General Population and 16.67 for the Indo-Mauritian population.

(d) The out-patient clinic is attended by an ever-increasing number of patients, most of those coming for advice and treatment being neurotics. Cases of manic depressive insanity are treated in the out-patient department by means of E.C.T. with the result that they are able to obtain adequate treatment

without having to be admitted into the Hospital.

- (e) Occupational therapy contributes appreciably to the rehabilitation of the mental patient. Classes which are self-supporting are run in both the male and female sections. The proceeds of the sales of the articles made go towards buying fresh materials and contributing to the renewal and repair of tools, while a small reward is set aside for the patient. It is the tradition at the Mental Hospital to remunerate any patient who works regularly. He can spend as he chooses the money earned in that way.
- 56.—(a) The Dental Service. The dental service is operated chiefly for the benefit of school children, treatment being also afforded when possible to a number of expectant and nursing mothers. There were four dental clinics in operation: one attached to the Civil Hospital, one attached to the Victoria Hospital and two mobile. One of the Mobile Units visited at intervals the Princess Margaret Orthopaedic Centre and the Mental Hospital to give preventive dentistry to long-stay patients.
 - (b) The following is a summary of the work performed:—
 - (i) Victoria Hospital Clinic:—

In the course of 370 sessions, dental treatment was given to 8,131 patients and the attendances were as follows:—

School children (proper)	•••	•••	5,120
School children (casuals)	•••	•••	1,527
Expectant and nursing mothers	•••	•••	1,203
Hospital cases (in patients)	•••	•••	132
Hospital cases (T.B. patients)	•••	•••	9
Hospital cases (out-patients)	•••	•••	140

The nature of dental treatment was:

Fillings inserted in permanent tee		•••	2,412
Permanent teeth extracted (school	child	lren)	290
Permanent teeth extracted (adults)		•••	540
Deciduous teeth extracted	•••	•••	3,940
Surgical operations on jaws		•••	139
Treatment of parodontal disease	•••	•••	927
Fracture of jaws	•••	•••	6

(ii) Civil Hospital Clinic: -

Total number of school children	en seen	•••	3,225
Expectant mothers		•••	83
Hospital cases (in-patients)		•••	145
Hospital cases (out-patients)	• •••	•••	211

The nature of treatment was:—

Extractions	• • •	• • •	2,818
Dressings	• • •	•••	581
Fillings	•••	•••	527
Scalings	• • •	• • •	18
Fracture of jaw	⁷ S	•••	7

- (iii) Mobile Unit No. 1.--
- Schools. The schools visited by Mobile Dental Clinic No. 1 were: Rivière des Creoles Government School, Quartier Militaire R.C.A. School, Vieux Giand Port R.C.A. School, Goodlands Government School, Plaine Magnien R.C.A. School, Rivière des Anguilles Government School, Verdun C.E.A. School, Surinam C.E.A. School, Mahebourg R.C.A. School, Ste. Cecile (Bambous Virieux) R.C.A. School.
- 353 pupils from Standard VI received dental treatment. 303 teeth were extracted and 740 were filled. 150 scalings were done. Besides, 1,605 pupils from classes other than Standard VI were treated, the number of teeth extracted being 1,760 and the number filled 30.
- Instruction in oral hygiene was given to Standard VI pupils and to the students of the teachers' Training College.
- Mental Hospital:—A fairly large number of patients at the Mental Hospital had to have all their teeth extracted as they were suffering from advanced pyorrhoea or oral sepsis. The total number of teeth extracted were 755. 6 cases of gingivitis were treated by scaling and chromic acid. In those patients who were co-operative enough to allow drilling; 10 fillings were done.
- Orthopaedic Centre:—In and out-patients had 430 teeth extracted and 14 filled. 2 dental cysts were enucleated.
- (iv) Mobile Unit No. 2:-
- This unit started operating on the 21st May in the Nothern Districts and the following schools were dealt with: Grand Gaube R.C.A. Flacq Government, Petit Raffray R.C.A., Triolet South Government and Arsenal Government.
 - 781 permanent teeth were extracted
 - 689 permanent teeth were filled
 - 300 temporary teeth were extracted
 - 145 temporary teeth were filled
 - 280 scaling and polishing were done
- 57. Statistics of morbidity and mortality:—The statistics of morbidity and mortality in respect of hospitals and dispensaries are given in Table II. The statistical figures concerning the mobile dispensaries are shown separately in this Table, figures for attendances being the only ones given, since the introductions of a card system has been found unworkable for the mobile units, and there is consequently a considerable amount of uncertainty as regards new cases and re-attendances.

The main causes of morbidity are enumerated in Table III and Table IV gives figures for hospital statistics by groups of diseases corresponding to the 1948 International Classification.

II. Out-Patients

- 58. No modern health organisation can operate without an out-patient and dispensary service. The main functions of this service are:—
 - (a) Screening of patients applying for admission to hospitals to avoid unsuitable filling of scarce and expensive beds;
 - (b) Diagnosis and treatment of simple cases and provision of first-aid;
 - (c) Follow-up of patients discharged from hospitals; and
 - (d) Health education.
- 59. All the hospitals have out-patient clinics which are supplemented by 37 static dispensaries scattered all over the island and by a mobile service. In addition there is a mobile dispensary service composed of four units which visit 64 villages and hamlets where it would be uneconomical to have permanent buildings and staff. These units made 974 trips and attended to 81,822 patients. The total attendances at the static dispensaries and at the out-patient departments attached to the hospitals numbered 501,072. The figures for the five immediately preceding years were:—

 1955
 ...
 457,114

 1954
 ...
 402,136

 1953
 ...
 399,899

 1952
 ...
 379,476

 1951
 ...
 362,496

- 60. Early in the year, a new Health Centre at Rose Hill, the first to be built in the Colony, was occupied. It is an up-to-date building combining curative and preventive services, and the waiting hall which is spacious can be used for talks, demonstration and exhibitions. The Service was further strengthened by the opening of a new dispensary at Piton in the North.
- 61. In the revised Capital Expenditure Programme, provision is made for the construction of another Health Centre at Curepipe and of two new dispensaries, and also for the replacement of seventeen dispensaries which will be small rural health centres in which patients will receive treatment and from which advice on rural sanitation will be obtained and health education disseminated. An expansion of the mobile dispensary service is contemplated.

III. The Laboratory Service

62. As in the previous years, the entire staff of the Central Laboratory and its branches was occupied in carrying out routine examinations. A total of 118,118 specimens were examined distributed as follows:—

Central Laboratory {	Clini	ical Sec nical S	etion ection		73,700 5,460
Civil Hospital	•••	•••	• • •	•••	22,280
Victoria Hospital	•••	•••	•••	• • •	16,678

This increased demand on the laboratories had been anticipated as a sequence to the general expansion and modernisation of the Medical Services.

- 63. Since the introduction of antibiotic sensitivity tests a few years ago, the emergence of resistant strains of staphylococci to penicillin has been frequently reported. Now that the range of antibiotics available for therapy is extending steadily and with their increasing use, often in combination, the emergence of micro-organisms showing multiple resistance must be expected to occur with greater frequency. It was considered desirable therefore to place the sale of all antibiotics under more rigid control and this was one of the objects of the new Pharmacy and Poisons Ordinance which came into force in the last days of the year 1955.
- 64. During 1956, two cases of R^h negative pregnant women with R^h antibody in their sera were discovered. They were both treated by Cæsarean section and exchange transfusion for the babies.
- 65. In April, the Senior Pathologist attended the World Health Organization Seminar on the laboratory aspects of virus and rickettsial diseases held in Madrid.
- 66. The vacant post of Pathologist was filled and the officer selected was undergoing special training at this Government's expense at the Post-graduate Medical School in London.
- 67. A summary of the work performed by the Laboratory Service is given as an Appendix.

IV. Blood Transfusion Service

68. The Blood Transfusion Service is entirely voluntary and continued to be run with the assistance of the St. John Ambulance Association, the Stretcher Bearers' Association and the Mauritius Branch of the Red Cross Society. The policy of obtaining blood required for a transfusion from a relative or friend of the patient continued to be implemented, but when this was not possible and in cases of emergency, donors were supplied by the Blood Transfusion Service. I wish to express our gratitude to the many voluntary donors who have given their constant support to this vital service.

PART IV

Health Services

I. Vital Statistics

69. The following is a summary of vital statistics for the year 1956:—

Area of Mauritius: 720 square miles.			
	Males	Females	Total
Estimated population on the 31st December,	202.206	207 927	EEO 102
	293,286	285,837	
Estimated mid-year population	Properties		568,886
Density per square mile: 804			
Marriages: 3,080			
Marriage rate per 1,000 population: 10.8			
Live Births	12,693	12,217	24,910
Live births per 1,000 population : 43.8			
Still births : 1,789			
Still birth rate per 100 live births: 7.2			
Deaths	3,556	3,183	6,739
Crude death rate per 1,000 population: 11.8			
Maternal deaths 57			
Maternal mortality rate per 1,000 births (live and still) : 2.13			
Infant mortality (under 1 year of age)	920	724	1,644
Infant mortality rate per 1.000 births: 66.0			
Deaths from pulmonary tuberculosis	56	76	132
Death rate from pulmonary tuberculosis per 1,000 population: 0.25			
Deaths from infective and parasitic diseases	125	229	354
Death rate from infective and parasitic diseases per 1,000 population: 0.6			
Deaths from respiratory diseases	279	494	773
Death rate from respiratory diseases per 1,000 population: 1.4			
Deaths from diseases of the digestive system	398	467	865
Death rate from diseases of the digestive system per 1,000 population: 1.5			
Deaths from malaria and malarial cachexia	-	-	

70. An analysis of the percentage contribution to the total number of deaths occurring in 1956 made by the more important groups of diseases is shown below, together with corresponding figures for the five previous years:—

Groups	Percentage of total number of deaths						
•	1951	1952	1953	1954	1955	1956	
Infective and parasitic diseases	11.9	9.6	11.8	7.8	4.38	5.25	
Diseases of the blood and blood-forming organs		6.9	6.0	6.6	6.44	6.13	
Diseases of the nervous system and sense						0 13	
organs		6.1	6.1	5.2	5.23	5.90	
Disease of the circulatory system	5.4	5.9	6.7	6.2	8.08	7:39	
Diseases of the respiratory system	14.8	15.5	15 9	14.3	10.75	11.47	
Disease of the digestive system	18.5	17.5	15.3	20.6	19.07	12.83	
Certain diseases of early infancy	11.0	11.4	9.7	8.0	9.32	12.86	

POPULATION

71. An excess of 18,171 in the number of births as compared with the number of deaths has caused an increase of population which has been such a marked feature in recent years. The estimated population as at the 31st December was 579,123 and the density of population was 804 per square mile for the whole island. The rate of natural increase for the last five years has been 30.09 per thousand as compared with 12.58 per thousand for the 10 year period preceding 1950. The graph at Figure I shows the population trend for the period 1935-56 whilst the graph at Figure II indicates the trend of crude birth and death rates for the period 1945-56. Table V shows the total births and deaths for the period 1940-56.

BIRTHS

72. The number of live births during the year was 24,910, an increase of 1,940 on the number for 1955 and an increase of 3,525 over the yearly average number of births for the ten years preceding 1956. Still births, which are not included as either births or deaths, numbered 1,789, giving a rate of 7.2 per hundred live births as compared with 1,459 still births in 1955 and a rate of 6.4.

DEATHS

- 73. Deaths registered in Mauritius numbered 6,739 corresponding to a rate of 11.8 per 1,000 of the population. The average death rate for the period 1947–56 was 15.9. Table VI shows the number of deaths from the principal causes for the ten-year period 1947–56.
- 74. The number of deaths ascribed to the puerperal state was 57, giving a rate of 2.13 per thousand births (including still births) as compared with 3.51 in 1950 and 1.47 in 1955.

INFANT AND CHILD MORTALITY

- 75. A most satisfactory reduction in deaths from diseases of infancy has been recorded since 1949. In 1956 the infantile mortality rate was 66.0 per 1,000 live births as compared with 67.2 in 1955, 81.1 in 1954 and 93.5 in 1953 and an average of 138.1 per 1,000 over the 10 year period 1941–50.
- 76. The deaths under five years of age were distributed as follows, the corresponding figures for 1954 and 1955 for total deaths being shown for comparison:—

omparison:				Total	
Age	Male	Female	1056	1055	1051
			1956	1955	1954
Under 3 months	628	464	1,092	926	1,012
3 months and under 6 months	138	110	248	251	316
6 months and under 1 year	154	150	304	366	450
1 year and under 2 years	193	209	402	590	766
2 years and under 3 years	122	135	257	377	633
3 years and under 4 years	64	79	143	177	355
4 years and under 5 years	41	42	83	114	204
		p			
TOTAL	1,340	1,189	2,529	2,801	3,736

The figures were affected in 1954 by an epidemic of measles.

77. The principal causes of death in children under five years of age were in the following categories (International List of Causes of Death, 1948 Revision):—

	Group				Under one year	One year and under five years
1.	Infective and parasitic diseases	• • •	***	•••	62	58
3.	Allergic, endocrine system, metabol diseases	ic an	d nutritio	onal	19	85
4.	Diseases of the blood and blood-form	ming	organs		7	37
6.	Diseases of the nervous system and	sense	e organs		6	8
8.	Diseases of the respiratory system		•••		221	118
9.	Diseases of the digestive system	• • •	•••	• • •	332	266
15.	Certain diseases of early infancy	* * *	• • •		867	record
17.	Accidents, poisoning and violence		• • •	•••	4	43

78. The mortality rate of children in the 5–14 age-group is a good index of the sanitary conditions of a territory, and the figures are given in the following table. For purposes of comparison, the crude death rate and the infantile mortality rate are included in the table:—

	Year		Mid-year population	Calculated population age-group 5–14	Deaths age- group 5–14	Death rate age-group 5–14 per 1,000	Crude death rate per 1,000	Infaut mortality rate per 1,000
1948			441,822	100,691	373	3.70	23.8	186.2
1949		• • •	444,521	101,306	287	2.83	16.6	91.0
1950	••		464,735	105,913	213	2.01	13.9	76.3
1951	• • •		483,859	110,271	217	1.97	14.9	83.2
1952			501,469	114,284	233	2.08	14.8	80.8
1953			516.525	117,716	275	2:34	16.1	93.2
1954			530,461	120,892	392	3.54	16.0	81.1
1955			549,094	138,000	252	1.81	12.9	67.2
1956	•••	• • •	568,886	144,868	242	1.68	11.8	66.0

79. The following table shows births, still-births, death rates, marriage rates and natural increase of the population, and gives comparative data for the last ten years:—

		Births		Still births		Death and Marriage rates					
Year				Births	Rate per 1,000 population	No. of still birtles	Rate % total births	Infant mortality rate	Total death rate	Marriage rate per 1000 population	Natural merease of population
1947		•••		18,926	43.8	1,277	6.7	113.9	20.1	17.5	10,246
1948		• • •	• • •	19,239	43.1	1,316	6.9	186.2	23.8	14.7	8,521
1949	• • •			20,472	46.0	1,364	6.7	91.0	16.6	16.3	13,088
1950	• • •	• • •		23,110	49.7	1,410	6.1	76.3	13.9	13.1	16,657
1951		• • •		22,968	47.5	1,401	6.1	83.2	14.9	12.7	15,760
1952		• • •		24,120	48.0	1,575	6.2	80.8	14.8	16.3	16,673
1953	• • •	• • •	• • •	23,896	46'3	1,568	6.6	93.5	16.1	13.4	15,597
1954			• • •	21,926	41.3	1,358	6.5	81'1	16.0	11.7	13,464
1955		• • •		22,970 .	41.8	1,459	6.4	67.2	12.9	10.5	15,882
1956	• • •	* 1 4		24,910	43.8	1,789	7.5	66.0	11.8	10.3	18,171

II. Public Health

A. COMMUNICABLE AND INFECTIOUS DISEASES

Malaria and Anti-malarial measures

80. Malaria, which used to be the main scourge of Mauritius, having now been mastered, it was necessary to adapt the Insect Borne Diseases Division of the Department to new circumstances, as clearly indicated in the following tables:—

Year		nn tre	ases of alaria cated in spitals	Deaths from malaria in hospitals	Case morta- lity in hospitals
1946			2,522	106	4.30
1950	. , .		209	10	4.78
1951			98	4	4.06
1952			3	Nil	Nil
1953	,	* 5 *	Nil	Nil	Nil
1954	* * *	• • •	3	Nil	Nil
1955			1	Nil	Nil
1956			3	Nil .	Nil

The deaths ascribed to the disease per 1,000 living from 1947 to 1956 were as shown hereunder:—

	Year	Deaths ascribed to malaria	Rate per thousand population	Percentage of deaths due to malaria to total deaths
1947		 1,782	4.12	20.23
1948	# 1 h	 1,580	3.28	15.02
1949	• • •	 936	2.11	12.68
1950	• • •	 388	0.83	6.01
1951	• • •	 285	0.20	3.95
1952		 188	0.37	2.22
1953		 61	0.12	0.73
1954		 27	0.02	0.33
1955	• • •	 3	0.01	0.04
1956	•••	 Nil	Nil	Nil

- 81. The year under review can therefore be described as one of routine and reduction. The personnel employed in the engineering branch of the Malaria Organization was appreciably reduced on the 1st July, 1956, and all the heavy equipment was transferred to the Public Works Department on the same date.
- 82. The incidence of malaria is now extremely low, but there is still slight transmission for which Anopheles Gambiae is the obvious suspect, a suspect which to all evidence must be a poor vector in local surroundings. Difficulty has been experienced in breeding A. Gambiae at the altitude of Curepipe where the entomological laboratory is situated; so a building has been taken over on the coast at Port Louis to be used as an insectaricum. When suitable colonies have been raised, further attempts will be made to carry out experimental infection of that mosquito, and additional research will be effected on its resistance to chlorinated hydrocarbon insecticides.

- 83. Since A. Gambiae does not rest in houses after feeding, two swing fog machines have been purchased to attack the outside resting places. When a positive blood smear is found, the plan of attack is, in addition to residual spraying of the habitation:—
 - (a) to fog the likely outdoor resting site;
 - (b) to treat the actual carrier with chloroquine; and
 - (c) to give prophylactic proguanil to the other members of the household.
- 84. The Malaria Control Organization is at present made up of four branches:—
 - (a) Maintenance of engineering works.
 - (b) Malaria Survey.
 - (c) Residual spraying.
 - (d) Entomological.
- (a) Maintenance of engineering works—This Branch now only undertakes maintenance of existing major works scattered throughout the island. There is no reason why local authorities should not at some time in the future assume responsibility for the anti-malaria drains in their areas.
- (b) Malaria Survey.—This Unit worked at full pressure. As usual, it concentrated first and foremost on an infant survey, since positive smears in this category can be taken as evidence of transmission. In addition it carried out an island-wide survey and took blood films from special cases, i.e., from adults who complain of fever to the infant survey teams and from cases suspected by private medical practitioners, hospital and dispensary Medical Officers as being malaria.

During the year, 53,842 blood smears, obtained from the following sources, were examined:—

```
Infant survey
                                   23,506 (18 Positives
                                                             11 S.T, 7 B.T.)
                                    2,393 (5
Special cases
                                                              4 S.T, 1 B.T.)
                                                              6 S.T, 23 B.T, 1 mixed)
Reported by doctors
                                     225 (30
                                                 do
                                   15,738 (16
Special surveys
                                                 do
                                                        ... 5 S.T, 10 B.T, 1 Q.T.)
                                    466 (21
                                                 do
                                                              5 S.T. 16 B.T.)
Contacts ...
                                    8,000 (18
                                                              9 S.T, 4 B.T, 4 Q.T. 1 mixed)
Island Survey
                                                 do
                                       16 (Nil)
Repeats
                                   50,344 (108 Positives
                                                             40 S.T. 61 B.T, 5 Q.T, 2 mixed.
Military personnel arriving in
                                                            18 S.T, 1 Q.T.)
                                    2,549 (19 Positives
    the Colony
                                     127 (36
                                                             17 S.T, 17 B.T, 1 Q.T, 1 mixed)
Investigations
                                                 do
                                     822 (27
                                                 do
                                                            11 S.T, 15 B.T, 1 Q.T.
Follow up ...
                                   53,842
                    TOTAL
                              . . .
```

During April and May, an island-wide survey was carried out 8,000 blood smears being taken from the population, as was done in 1954. The results for both surveys were:—

1954=38 Positives (20 S.T, 6 B.T, 12 Q,T,) 1956=18 Positives (9 S.T, 4 B.T, 4 Q.T, 1 mixed).

In the course of special surveys, 15,738 smears were taken and sixteen were returned positives. These surveys were held in the following districts:—

			No. of	No.
District			smears	positive
Moka	• • •	• • •	424	Nil
Savane			1,511	2
Port Louis		• • •	1,728	1
Pamplemousses		• • •	1,677	1
Plaines Wilhems			862	Nil
Flacq		• • •	1,166	Nil
Rivière du Rempa			1,743	Nil
Grand Port		• • •	4,002	9
Black River		•••	2,625	3

(c) Residual Spraying.—The island is divided into two districts to facilitate administration. District "A" has its headquarters in Port Louis and is responsible for the following administrative districts: Port Louis, Pamplemousses, Riviere du Rempart, Black River and Lower Plaines Wilhems. The "B" District headquarters are at Forest Side and ontrol Flacq, Savane, Grand P ort and Upper Plaines Wilhems.

During the year, 219,134 rooms were treated with one application of residual spray and 3,719 in the Mon Desert S.E. area received two applications.

DDT 50 per cent wettable powder was the insecticide most commonly used and was applied at the rate of approximately 170 mgm of the parapara isomer per square foot. In the Black River District and Mon Desert area the insecticide used was Dieldrin at the rate of 45 mgm per square foot. For better class houses DDT Technical in Kerosene or DDT Emulsion is used.

Hospitals, Dispensaries, Orphanages outside the spraying area were also treated during the year.

The population in the residual spraying area is approximately 200,000 and the cost of spraying per capita is about R. 1.50. The cost per room treated is R. 1.36. On breaking down the costing it is found that the cost per room for insecticide is 39 cents, Labour 43 cents. Transport 13 cents, Supervision of labour etc., 38 cents. Overalls, Depreciation of sprayers etc., 4 cents.

Residual spraying, as at present carried out, will have to continue until answers are received on the resistance to the chlorinated hydrocarbon insecticides and on the resting habits of A. gambiae during the gonotrophic cycle.

(a) Entomological. During the year, frequent observations were made to compare the frequency of breeding sites for A. gambiæ which was found in practically all classes of habitats as classified by Russell, with the exception of tree holes and special plant associations.

The findings were as under:—

								%
Class I	Permanent or semi-per	manen	t standi	ing fr e s	sh wate	er		34.4
Class II	Transient fresh water g	ground	pools	•••	•••			31.2
Class III	Permanent or semi-per	manent	runnii	ng fresl	ı water	r		7.1
Class IV	Container habitats	• • •	• • •	• • •				17'0
Class V	Brackish water		• • •	•••				10.3
							-	
					T	DTAL	•••	100.

Near the coast, typical A. Gambiae. breeds in brackish water containing up to 16.85 grammes NaCl per litre.

An interesting feature of the year's work is constituted by the preliminary observations of Mr. Mamet, the newly appointed entomologist, on the nocturnal activity of A. gambiae. They show that this species though normally starting feeding as early as between 19 and 20 hours, reaches its maximum activity between 23 hours and 3 hours, with peaks between 23 and 24 hours and between 2 and 3 hours.

Pending further observations, the table appearing hereunder shows the results so far obtained:

Night catches: 32 Host: man

Time	Number of
hours	female gambiae
	captured
18 - 19	3
19-20	16
20 - 21	34
2122	63
22-23	56
23—24	109
24-1	86
1 2	95
2 3	103
3 4	60
4 5	75
5 6	15

The above results suggest that A. gambiae has lost its crepuscular habit previously reported by Halcrow (1954) and that the nocturnal activity of the Mauritian gambiae seems to match fairly well with that of the African gambiae which reaches the peak of its cycle late into the night i.e., between 1 and 4 hours, declining rapidly one or two hours before dawn.

- 85. Extensive surveys again failed to reveal any Anopheles funestus (once the main vector of malaria in Mauritius) and Aedes aegypti, and it is thus confirmed that they have been completely eradicated. Special search for Aedes vinsoni Mattingly also gave negative results and this species may well have disappeared.
- 786. The Malaria Advisory Board, of which the Director of Medical Services is the Chairman, met on 33 occasions.

Filariasis

87. 18 cases were treated in hospitals and 31 in dispensaries.

Enteric Fever

- 88. The cases of this disease notified in the year 1956 numbered 149 equivalent to an incidence rate of 0.26 per 1,000 of the population as compared with 66 cases notified in 1955, equivalent to an incidence rate of 0.12 per 1,000 of the population. These 149 cases resulted in 8 deaths, giving a case mortality of 5.37 as compared with 11 and 16.6 per cent for the previous year.
- 89. The incidence of this disease per 1,000 of the population and the case mortality for the past five years were:—

		Year	·	No. of cases	Rate per 1,000	Case mortality
				notified	of the population	%
۷	1951			3 2 6	0.67	15.95
	1952			252	0.502	7.54
	1953			108	0.51	10.18
	1954	•••		88	0.16	11.36
	1955			66	0.13	16 '66

90. Very early in the year, a small epidemic of typhoid fever, which was quickly brought under control, broke out in part of the district of Grand Port in the south of the island. It was responsible for the notification of fifty cases. The measures taken to deal with it included the reinforcement of medical and health personnel in the district, a special health education and sanitation campaign, the spraying with residual insecticides of 12,751 rooms, mass inoculation with T.A.B. vaccine which reached over 24,000 individuals and the immediate isolation in hospital of every suspected case.

Diphtheria

91. The cases of this disease notified in the year numbered 89 equivalent to an incidence rate of 0.15 per 1,000 of the population. The 89 cases resulted in 11 deaths, giving a case mortality of 12.36 per cent.

The following figures indicate the number of cases of diphtheria notified, the incidence rate and the case mortality for the previous five year:—

Year	No. of cases notified	Incidence rate per 1,000 population	Case mortality per 100
1951	 88	0.18	19.31
1952	 73	0.145	13.70
1953	 62	0.12	6.45
1954	 69	0.13	7:24
1955	 67	0.15	19.40

Erysipelas

92. 4 cases were notified during the year.

Small-pox

93. No case has occurred during the past 44 years. A total of 15,367 vaccinations were performed of which 15,129 were successful. 62 per cent of the children born were vaccinated by Medical Officers of the Heath Department.

Tuberculosis

94. The work and activities of the Tuberculosis Division were carried out on lines similar to those of the previous years.

The World Health Organization sent a team in the middle of the year to do a Tuberculin Survey of different sections of the population. This work was completed by November and another team will be coming in 1957 to supplement the survey done.

- 95.—(a) B. C. G. Vaccination:—During the year, schools in all the districts of the Island were visited, and the work of testing, retesting and vaccination of school children was carried out as in the year before.
- (b) The students joining the Teacher's Training College were tuberculin tested and vaccinated where necessary.
- (c) In the hospitals, all new nursing students were tested and B.C.G. vaccination done.
- (d) The testing of contacts of tuberculous cases was continued a the Civil and the Orthopædic Hospitals as in the previous years. New born babies of tuberculous parents were vaccinated with B.C.G. without testing if they were below one month old.
- (e) The Tuberculin tests were with the Heaf Multiple Puncture instrument using a P.P.D. solution specially prepared for this technique. The Tuberculin test by the Heaf Method was carried out on everyone over the age of 1 year. We are still using the Tuberculin Jelly test on children of below 1 year. The World Health Organisation Team used a Danish P.P.D. solution of 5 units for intradermal testing in their survey. A small comparative study showed that the Heaf's Multiple Puncture method was as reliable as the intradermal test with 5 units P.P.D.
- (f) Our supply of vaccine was obtained from the Pasteur Institute, Paris, as Lyophilised Freeze Dried Vaccine. This is reconstituted just before use and the dose injected in 1956 is now 0.3 mg. in $\frac{1}{10}$ c.c. By using this stronger dose, we have not found any untoward complications. The size and type of local ulcers were not different from those when 0.1 mg was injected.
- (g) The nursing staff of the B.C.G. Campaign visited all schools regularly after vaccination to apply dry dressings on the ulcers. 1,001 visits were thus made and 33,551 dressings applied.
- (h) During 1956 the number of persons who had tuberculin tests was 22,432 and 13,498 vaccinations with B.C.G. were done.

96. The figures below show the B. C. G. work done in 1956:—

		Rouline			New-born	
		Children to School-leavers	Adults	Contacts	to 1st year	Total
Tests		17,727	692	1,185	137	19,741
Re-tests		6,514	24	31		6,569
Vaccinations	•••	11,300	74	449	127	11,950

97. The following table gives an analysis of the tuberculin sensitivity amongst the persons tested in 1956:—

ANALYSIS OF 17,201 TESTS ACCORDING TO AGE-GROUPS

Age		Total	Positive	Negative	% of positive
0-1	• • •	137	20	117	14.6
2-4	• • •	294	59	235	20.06
5 9	• • •	10,903	2,184	8,719	20.03
10—14 .	• • •	4,757	1,825	2,932	38.3
15—19	• • •	360	222	138	61.6
20-24		167	125	42	74.9
25-29	• • •	153	131	22	85.6
3034	•••	124	111	13	89.5
3539		109.	95	14	87.2
40+	• • •	197	170	27	86.3
TOTAL		17,201	4,942	12,259	-

- 98. The total number on the Tuberculosis Register at the end of 1956 was 3,625. The total number of cases notified during the year was 424.
- 99. Just over 225 beds were fully occupied by tuberculous patients in the various hospitals. Out-patient clinics continued to be held regularly at Civil and Victoria Hospitals.
- 100. During the past ten years the death rates on account of tuberculosis have been as follows:—

	Yea	ir	$D\epsilon$	aths per 100,00 population	00
1947	•••	•••	•••	39	
1948	***	• • •	• • •	61 ,	
1949	•••	•••	• • •	68	
1950	***	•••	•••	53	
1951	•••	•••	•••	49	
1952	•••	•••	•••	40	
1953	• • •	•••	* * *	28	
1954	•••	•••	• • >	25	
1955	•••	•••	• • •	24	
1956	•••	•••	***	25	

Leprosy

101. No new case was notified during the year under review and it is now clear that the problem of leprosy has been solved.

Poliomyelitis

102. 31 paralytic cases were notified.

The cases recorded as paralytic from 1953 to 1956 are as under :-

	Tot	αI	Sex ibution				Age	incid	епсе		
Year	No.	of		Under	1-2	2-3	3-4	4-5	5-10	10-20	Above
-	cas	M	F	1	2	_					20
1953	28	3 1	1	6	3	7	2	4	2	3	1
1954	11	1	1.75	_	3	1	1		3	2	1
1955	9	2	1	2	1	I			2	1	2
1956	.,, 31	2.5	ļ	1	· 12	4	4	3	3	1	3

Venereal diseases

103. 124 admissions for syphilis and 1 death was reported from the hospitals and 12 cases of gonococcal infection were treated. From the out-patient clinics and dispensaries 412 cases of syphilis and 65 cases of genococcal infection were notified.

Ankylostomiasis

104. The number of cases treated in hospitals and in the dispensaries amounted to 411 and 7,481 respectively.

Schistosomiasis

- 105. 34 cases were treated in hospitals and 346 at the dispensaries.
- 106. Figure III shows the proportion in percentages of diseases treated in hospital to total cases treated, according to the sections of the 1948 International Classification of Diseases, while Figure IV illustrates the proportion in percentages of certain infective and parasitic diseases treated.

B. NUTRITION AND NUTRITIONAL DISEASES

107. The following nutritional diseases were recorded during the year:

Diseases		In hospitals (cases)	At static Dispensaries (cases)	At mobile dispensaries (attendances)
Beriberi	• • •	1	3	1
Pellagra	•••	57	'81	33
Seurey	• • •	1	. 2	4
Other deficiency states	• • •	293	3,934	1,539

108. The table published hereunder supplies evidence that anaemia is one of our major problems.

Yea	r		Treated in hospitals	Treated in outpatient depart- ments and in dispensaries	Treated at mobil e dispeusari es
1947	•••	•••	1,517	10,558	Not available
1948	• • •	•••	1,392	13,957	11
1949	• • •	•••	1,520	19,432	11
1950	•••	•••	1,666	20,523	, ,
1951	•••	•••	3,005	19,753	14,558
1952		•••	2,936	18,405	17,204
1953		•••	2,934	21,150	13,507
1954		•••	2,634	25,573	16,696
1955	•••	• • •	2,014	29,753	11,870
1956	•••	• • •	1,868	34,206	16,540

109. As anticipated in last year's report, the Nutrition Survey Project which was under consideration between the World Health Organization and this Government, materialised during the year. A medical haematologist arrived in August and commenced his investigations immediately. A non-medical nutritionist was due to report early in 1957 to assist in the project.

C. FOOD IN RELATION TO HEALTH AND DISEASE

- 110. The relation between food and health is of the greatest importance here as elsewhere. In common with all tropical countries, the premises where articles of food are stored, prepared and sold in Mauritius, do not always comply with the best standards and a constant menace is constituted by the itinerant hawkers whose numbers are out of proportion to the population. The food inspectorate must therefore be very active and exercise constant vigilance over production and sale of food. Excluding markets and slaughter houses which are under the incessant supervision of representatives of the public health services, food premises were inspected on 9,865 occasions during the period under review.
- 111. Sophistication of milk is so current that this essential commodity continued to be subjected to special control. It is gratifying to point out that appreciable improvements have been conspicuous in the town areas following the establishment of a milk Control Unit in 1953. During the year under review, this Unit submitted 276 samples to the Government Chemist for analysis, out of which 157 or 57 per cent did not comply with the standards laid down by law. 403 further cases of sophistication were brought before Court by the other Health Inspectors of the Department.
- 112. There are six public and one private abattoirs. The public slaughter-houses administered by the Municipality of Port Louis, the Town Councils of Curepipe and of Beau Bassin—Rose Hill as well as the Government slaughter-house at Flacq are each controlled by a qualified Veterinary Surgeon. In other places supervision rests with the sanitary staff. There are 12 markets in the Colony.
- 113. The inspection of imported foodstuffs is carried out in a systematic way by the Port Health Inspector. As a result the items listed below were found unfit for human consumption or for delivery and were seized accordingly:—

2 Packages Flour Samples

1 Package Provisions

12 Cases Cigarettes (mouldy)

6 Cases Confectionery

12 Bags Flour Sweepings 135 Crates Onions

6 Cases Cigarettes (mouldy)

7 Bags Bomlas

122 Tins Boiled Abalone

1,000 Packets Cigarettes (mouldy)

3 Packages Cheese

6 Cartons Cigarettes (mouldy)

143 Bags Flour

84 Kilos Rice

200 lbs Pigs' heads

2,080 Tins Portuguese Sardines

1 Ball Gouda Cheese

1 Tin Picnic Hams.

D. GENERAL MEASURES OF SANITATION

114. The Health staff consists of:—

5 Senior Health Inspectors.

1 Port Health Inspector.

62 Health Inspectors.

For sanitation purposes, Port Louis is divided into six sections, Plaines Wilhems District into two divisions of two sections each and the remaining districts into seven divisions. The inspections made by the health staff during the year are listed in Table VII.

- 115. District of Port Louis.—(a) The Health Office for the district of Port Louis is administered by a Senior Medical Officer of Health who is also Port Health Officer. He has under him one Senior Health Inspector, seven Health Inspectors and six disinfectors. A Port Health Officer is in charge of port sanitary duties and is also responsible for anti-rodent measures for which he has a staff of thirteen.
 - (b) The number of rats caught by trapping was :--

Rats Mice Musks	•••	•••	5,017 1,679 139
	TOTAL	***	6,835

Most of the operations are now carried out by poison treatment, which means that infestations are completely cleared without many traces of rodents alive or dead being seen. The figures quoted above therefore do not convey an accurate idea of the actual destruction taking place.

(c) The following figures refer to Port Louis District:

Area: 16 square miles	
Estimated population at the	
31st December, 1956	97,988
Density per square mile	6,124
Live births	4,516
Birth rate per 1,000 46.9	
Still Births	323
Deaths	1,344
Death rate per 1,000 14'0	

116. Plaines Wilhems District.—All the work is supervised by a Medical Officer of Health who has Health Officers in Curepipe, Vacoas and Rose Hill

The following figures refer to Plaines Wilhems District:-

	AF	REA	: 78 SQAI	RE MI	LES		
Estimated po	pulation	at	the 31st	Decen	nber	•••	172,549
Density per s	quare n	nile	• • •	• • •	•••	•••	2,212
Live births	•••		•••	•••	•••	•••	7,060
Birth rate per	r 1,000		• • •	• • •	•••	41'6	
Still births	• • •	• • •	•••	• • •	•••	•••	514
Deaths	• • •		•••	•••	•••	• • •	1,787
Death rate pe	er 1,000		•••	•••	•••	10.5	•

E. PORT HEALTH AND QUARANTINE

117. Port Louis is the only seaport in Mauritius for ocean-going vessels. Health measures in the port area are directed by the Medical Officer of Health for Port Louis, assisted by a Port Health Inspector. There is a well-equipped Disinfecting Station to carry out disinfection and fumigation. Under the International Sanitary Regulations, 1951, Port Louis is an approved and designated port for the issue of deratting and deratting exemption certificates. Four deratting and eight deratting exemption certificates were issued during the year. The number of vessels admitted to pratique during the year is given in Table VIII. No passenger coming from abroad was detained on account of any of the quarantinable diseases.

118. The airport is in the south of the Island at Plaisance. The District Medical Officer, assisted by a Sanitary Inspector, is responsible for all sanitary measures at the airport. 166 civil aircraft arrived in the Colony with 3,007 passengers of whom 321 coming from infected areas were put under surveillance. All planes were dis-insected on reaching and before leaving the airport.

F. WATER SUPPLIES

- 119. Work continued on the development of the Colony's water supplies:—
 - (a) Mare-aux-Vacoas Supply.—This supply is operative in the districts of Plaines Wilhems, Moka, Black River, part of Port Louis, the higher parts of Grand Port and Savane and the Vallée des Pretres and Montagne Longue areas. Consumption reached about 8,300,000 gallons per day at the end of 1956. The area of the filters at La Marie was increased by 10,600 square feet, bringing the total filtering area to 150,600 square feet. Three more filters were under construction. A new chloronome was added to the two in service.
 - In the Plaines Wilhems area, the supply of Quatre Bornes, Rose Hill and Beau Bassin was further improved by laying new mains from Vacoas Reservoir to Palma and to Candos and Rose Hill reservoirs, and from Rose Hill reservoir towards Beau Bassin. In the Moka area the supply of St. Pierre, Bois Cheri and adjoining localities was improved by laying a new main from Alma Reservoir to St. Pierre. In the Black River area the supply was extended to Coteau Raffin.
 - (b) Piton du Milieu and Nicoliere.—Filters for 4,000,000 gallons per day at Piton du Milieu and 1,000,000 gallons per day at Nicolière are still under construction. In Flacq district a new service reservoir of 200,000 gallons capacity at Bonne Mère was brought into service for Centre of Flacq and surrounding localities, a new 8" main being laid from the reservoir to Centre of Flacq. A new main was also laid from L'Unité to Belle Rose Reservoir and from Belle Rose reservoir to Bel Air.
 - In Pamplemousses and Rivière du Rempart districts the supply was extended to Calebasses and Powder Mills.
 - In Savanne the supply was extended to Benares, Rivière des Anguilles and St. Aubin and in Grand Port district to Riche en Eau and Mahebourg.
 - (c) Riviere des Galets Supply (Savanne). The dam on Rivière des Galets was completed. Laying of mains towards Mont Blanc, Chemin Grenier and Surinam was continued.

G. SCHOOLS MEDICAL SERVICE

Work of the School Medical Officers

120.—(a) All the Primary Schools were visited, the following number of pupils being examined:—

Entrants 5,556 "Special" ... 1,168 Re-examinations ... 2,250

17 per cent of the entrants were classified as being of "poor general condition". 7.2 per cent required medical treatment.

Below is a summary of the different findings district by district in respect of entrants only:—

*	5			Bitot's		
	3.7	Poor		Spots	0 1:	01 1
District	No.	general	Anæmia	Vit. A	Scabies	Otorrhwa
	examined	condition %	%	Deficiency %		%
Grand Port-Savanne .	995	'19'6	3.6	0'4	1.0	0.2
Moka—Flacq	1,209	20.3	2.0	0.2	1.3	0.4
Pamplemousses—Riviere	1,379	12.1	1.2	0 6	0.2	1.0
454 1 777111	1,036	15.6	1.9	0.8	0.2	0.6
mt t mt	164	23.7	1.8	1.2	0	0.6
Dank Taula	813	11.0	0.7	0.5	0.5	0.4

- (b) Thirteen visits were paid and 1,738 pupils were examined during the period June to October at Cannoniers' Point School Holiday Camp. Forty-five pupils required medical treatment.
- (c) Sixty-five temporary teachers and thirty-six school servants were examined for employment by the Education Department, as well as 238 candidates selected for admission to the Teachers's Training College.
- (d) 63 Entrants at the Royal College and 58 Entrants at the Royal College School were also examined.
- (e) Lectures on Health Education were given weekly throughout the year to the students of the Teachers' Training College.
- 121.—(a) Work of the School Nursing Staff—The School Nurses and the Nursing Assistant visited 135 schools for cleanliness and health surveys.
- Of 48,462 pupils examined during the cleanliness survey:—
 - 8.15 per cent had dirty finger nails
 - 15. 0 per cent had nits
 - 6.12 per cent had nits and lice
 - 9.44 per cent did not have a handkerchief or clean piece of cloth
 - 7.35 per cent did not have a toothbrush.

The corresponding percentage figures for 1955 were 9.43, 16.2, 8.47, 15.66 and 7.07 respectively.

During the year 585 pints of concentrated "Gammexane" solution and 18 pints of concentrated "D. D. T." solution (with instructions to dilute before use) were distributed to all schools. The nursing staff co-operated in the campaign to sell nailbrushes, nit combs and toothbrushes from Lducation Office Headquarters. 142 nit combs, 192 nailbrushes and 695 toothbrushes were sold during the year.

- (b) 50,395 pupils were examined during the health survey 2,735 of them were referred to the School Medical Officer. 141 schools were visited for "follow up" of pupils under treatment. 6,657 pupils were examined and 1,251 were treated.
- (c) With the help of the Nutrition and Health Assistant 130 schools were visited for distance vision surveys of pupils in the third and sixth standards. 21,430 pupils were examined and 374 were referred to the School Medical Officer.
- (d) Where necessary, treatment was given to pupils in schools for minor ailments. The stock of First Aid materials in schools was replenished regularly and 19 schools were provided with new First Aid cabinets.
- 122.—(a) Nutrition.—At the end of the year 98.7 percent of the pupils in attendance were taking their milk ration. 3,289 pupils were receiving a double ration of milk and 8 yeast tablets daily at school. In addition, 579 pupils were also receiving a supplement of Vitamins A and D in the form of Halibut Oil capsules or Cod Liver Oil.
- (b) The Milk Officer and the Nutrition and Health Assistant supervised the running of the milk Scheme. They have to report any defects in the state of cleanliness of school servants who prepare the milk and of the utensils.
- (c) 53 samples of milk being distributed to the pupils were sent during the year to the Government Chemist for analysis for estimation of their nutritive value.
- (d) Talks on Nutrition were given to senior pupils in some schools by the Nutrition and Health Assistant and the whole staff co-operated with the Medical Officer of the World Health Organization Nutrition Project in his survey on anaemia among schoolchildren.
- 123. The Tuberculosis Specialist and his staff have continued the B.C.G. Campaign and during the year the World Health Organization team engaged on a tuberculin sensitivity survey visited the schools to perform a number of tuberculin tests.
- 19 more contacts of Pulmonary Tuberculosis have been detected among the pupils, bringing the total number, to date, to 99.

The practice of submitting all new teaching staff and school servants to an X-Ray examination of chest in addition to a routine medical examination was continued: thus three candidates selected for the Training College showed active Pulmonary Tuberculosis on X-Ray examination and were rejected.

- 124. Enteric Fever.—During the first quarter of the year one of the School Medical Officers inoculated 5,371 pupils in 15 schools of Grand Port District with T.A.B. vaccine as part of the measures adopted to deal with an Enteric Fever outbreak in the district.
- 125. Health Education.—Continued emphasis was laid on this aspect of the work. Health education of both pupil and parent was possible through the medical inspections, and in the course of the cleanliness inspections the nurses gave advice to both pupil and teacher. Regular teeth cleaning drills were continued in schools. Teachers in training had lectures and demonstrations at the Training College from the Government Dentists.

The Education Department continued its Associate membership scheme of "the Central Council for Health Education" in U.K. and material received during the year was used in Health Education Work. The monthly "Better Health" was sent regularly to all schools.

PART V

Maternal and Child Health

- 126. The scheme for the expansion of the maternal and child health services in rural areas which was commented upon in last year's report continued to be implemented. In January, the new centre at Surinam was opened and staffed, the Bambous centre followed in February and in July, it was the turn of l'Escalier centre. The villagers were quick to take advantage of this development and by the end of the year, 1,337 women had attended the ante-natal clinics held at the new centres, and 262 confinements had been conducted by the midwives attached thereto.
- by the Superintendent of Midwives. Attendances at the various ante-natal clinics which are under her direct control amounted to 15,131 as compared with 4,572 for 1955; and the midwives posted to those clinics conducted 4,083 confinements (2,794 in 1955). The Superintendent and Assistant Superintendent of Midwives personally visited 1,746 newly confined women in their homes to give them advice and attention and to guide them on the hygiene and feeding of their babies. This service which was at first tolerated by the people seems to be well received now and much good has come of the visits made.

128. The Principal Matron holds three ante-natal clinics and a summary of the work performed by her is given below:—

(a) Eastern Dispensary, Port Louis:-

 New cases
 ...
 ...
 2,013

 Re-attendances
 ...
 ...
 7,878

 TOTAL
 ...
 9,891

(b) Bel Air Dispensary:—

 New cases
 ...
 ...
 ...
 437

 Re-attendances
 ...
 ...
 1,896

 TOTAL
 ...
 2,333

(c) Medine-Camp de Masque:-

 New cases
 ...
 ...
 ...
 157

 Re-attendances
 ...
 ...
 ...
 791

 TOTAL
 ...
 948

- 129. The Mobile Ante-Natal Unit had to bear a fair share of the work, the number of new cases seen being 2,683 and the re-attendances amounting to 7,503.
- 130. The district midwifery service based on the Civil Hospital, Port Louis, produced record figures which are detailed hereunder:—
 - (a) Ante-Natal Clinic:-

New cases 2,481 Total attendances 12,803

(b) District Midwifery Service:—

 Confinements
 ...
 1,144

 Ante-natal visits
 ...
 1,178

 Post-natal visit
 ...
 16,120

(c) Ward Work:—

Admissions 2,010 Confinements 1,703

131. The activities of the Maternity and Child Welfare Society are listed below:—

Confinements 2,931
Attendances of women at consultations 5,992
Attendances of infants at consultations 8,160
Attendances of Infants at Centres for weighing and supervision:

(a) First attendance 2,884
(b) Re-attendance 16,677
Visits to infants 1,885
Average number of infants receiving milk daily ... 1,104
Average number of litres of milk distributed daily 528

132. It is a routine to take blood for serological tests from women attending the ante-natal clinics for the first time. Any case requiring treatment is referred to the hospital on which is based the centre attented by the woman. Another routine at the clinics is the issue of iron and yeast tablets. Cod liver oil and vitamin preparations are given under supervision.

PART VI

Prisons

133. The total number of prisoners admitted into prisons during the year was 1,703 and the daily average population was 597.98 (including the Borstal Institution).

The total number of sick cases registered was 4,583 of which 251 were admitted into hospital. The daily average of sick treated as outdoor patients was 11.8; the daily average of patients in hospital 12.5, while the sick rate calculated on the daily average in hospital was 4.83 per cent. Only one death caused by pneumonia was registered among the inmates.

134. The general health of the prisoners was good on the whole, influenza in winter and enteritis in summer remaining the prevailing diseases. On admission, 47 prisoners were suffering from scabies, 18 from Venereal diseases and 4 from deficiency states associated with defective nutrition.

PART VII

The Dependency of Rodrigues

135. The vital statistics are as follows:—

AREA OF RODRIGUES: 40 square miles.

	Males	Females	Total
Estimated population at the 31st December,		4	
1956	7,883	8,151	16,034
Estimated mid-year population	Magnitures	e-man	15,879
Density per square mile: 401			-
Live births	391	365	756
Live births per 1,000 population	erennya.		47.6
Still births	Primaryally	7 (F. 18)	25
Still birth rate per 100 live births	******	bendered	3,31
Deaths	103	68	171
Crude death rate per 1,000 population			10.8
Maternal deaths	: —	1	1
Maternal mortality rate per 1,000 births (live			
and still)	di-Sadisada _{ni} di	- Management	1.58
Infant mortality	47	21	68
Infant mortality rate per 1.000 births	THE STATE OF	****	89.9

- 136. The population which, as in Mauritius, is increasing at an alarming rate, is on the whole in good health and is taking advantage of the health services provided in the Dependency. The attendances at the dispensaries and the number of persons seeking admissions into hospital are constantly on the increase, and the response to an island-wide whooping-couch vaccination campaign was a striking demonstration of confidence.
- 137. There was the usual seasonal outbreak of influenza complicated in many cases of bronchitis and pneumonia. Intestinal diseases constitute a problem, specially in the summer season when flies breed more freely. Anæmia and nutritional diseases are encountered, but not to the extent one would expect in a population living on a poor and monotonous diet of maize, sweet potatoes and cassava, with some fish added from time to time.
- 138. Two cases of leprosy, ex-patients of the Leper Asylum in Mauritius, were referred for admission because of a serious flare-up of the disease. Six new cases, close relations of former leprous patients, are under treatment in the dependency.
- 139. In the absence of a reliable survey, the position regarding the incidence of tuberculosis remains obscure, but there is no reason to believe that the situation is alarming. The great majority of cases at present under observation or treatment have reported from the areas served by Mount Lubin Hospital and Dispensary.
- 140. Ante-natal clinics were held regularly at Port Mathurin and Mount Lubin Hospitals and continued to attract a fair number of expectant mothers. The number of ante-natal examinations carried out was 1,279. The post-natal clinics are not so well attended but, as explained in last year's report, the Rodrigues community is not yet at a sufficiently advanced level to appreciate fully the importance of health in all circumstances of life.
- 141. A school Medical Service was started during the year. All the entrants of the three schools of the island were examined and pupils of the other classes who were found to be below par were given regular medical attention.
- 142. It was possible to post a second Medical Officer to Rodrigues with effect from the 23rd April, thus easing the heavy task which had in the past to be shouldered by one man only. This posting coincided with the supply of modern anaesthetic equipment which has permitted of a number of major and intermediate operations being attempted with confidence and safety. It was customary to transfer all serious cases to the hospitals of Mauritius. The new developments have reduced the number of such transfers.

143. There are three hospitals at Rodrigues. The main one at Port Mathurin with 40 beds has now reached the final stage of decrepitude and is due to be replaced by the middle of 1958 by a modern institution of 68 beds which will be erected on a plateau at Creve Coeur. The drawings are ready and it is planned to start building operations early in 1957. The two other institutions are small village hospitals sited at Mont Lubin and La Ferme with 30 beds between them.

The following figures summarise the work performed in the three hospitals:—

		1956	1955
Out-patients attendances		47,739	44,690
Admissions to hospitals	• • •	2,291	2,263
Surgical operations performed		906	903

The number of deaths occurring in hospitals was 45 (39 in 1955).

- 144. One of the Government dentists spent three months in Rodrigues at the beginning of the year and treated 628 school children and 520 other persons. He performed 1,075 extractions and did 190 fillings, 29 scalings and 3 root treatments. The dentist reports that, taken as a whole, the Rodrigues children have better teeth than the Mauritians. In the 10–14 year group the caries incidence is 1.3 per child.
- 145. The Health Inspector posted to the dependency concentrated his activities on the area around Port Mathurin and visited La Ferme and Mount Lubin at regular intervals. His main duties are those of a health educator.

ACKNOWLEDGEMENT

146. It is my pleasant duty once again to state that if the Department succeeded in meeting the need for greatly varied public health activity and in maintaining a satisfactory standard of health despite shortage of staff, inadequate accommodation and other difficult circumstances, the results achieved are in no small measure due to the loyal and active cooperation of the members of the staff.

The co-operation of the public either individually or through the medium of local authorities, corporate bodies and voluntary organizations has been essential in the realisation of the Department's aims.

I take this opportunity to express my heartfelt thanks to all.

R. LAVOIPIERRE,

Director of Medical Services.

30th December, 1957.

APPENDIX I

Annual Report of the Central Health Laboratory for the year 1956

LABORATORY RECEIPTS IN THE FORM OF FEES

The total earnings for the year amounted to Rs. 24,706.33

The work of the laboratory is divided up into the following sections:

I.	Medical Biology	V.	Serology
II.	Histology	VI.	Biochemistry
III.	Bacteriology	VII.	Veterinary.
IV.	Haematology		

I. MEDICAL BIOLOGY

I. MEDICAL	BIOLOC	Ϋ́	
(a) Faeces (Micr	roscopical	1)	
Total number examined	• • •		4,012
Helminths :—			,
Hymenolepis nana			2
Taenia saginata			8
Bertiella studeri		* * *	1
Enterobius vermicularis		• • •	6
Trichuris ova			654
Ascaris ova			904
Hookworm ova			1,870
Strongyloides larvae			42
Protozoa :—			
Entamoeba histolytica			65
Entamoeba coli			151
Vegetative and precystic a	moebae	> • •	48
Iodamoeba Butschlii			3
Endolimax nana			205
Giardia (Lamblia) intestina	alis		146
Chilomastix mesnili	0 4 0		28
Trichomonas intestinalis			50
Blastocystis hominis	•		470
No helminths, no protozoa			606
(b) Urine (Micro	oscopical,)	
Total number examined			3,025
Casts	* * *		491
Trichomonas vaginalis			33
Schistosoma haemotobium			108
Red blood cells			359
Pus			267
Crystals			537
	(35.1.1		
(c) Urine for pregnancy	(Male to	aa lesis)	
Total number examined		4 4 9	2,086
Number of positives	9 0 P	• • •	839

(d) C	erebro-Spina	al Fluid		
	•••		•••	241
	(e) Semen			
Total number examin	ied	• • •	• • •	6
(f) Pus,	Discharges,	Scrapings		
Total number examin	ed		• • •	3
	(g) Blood			
Inoculation to guinea	pig	•••	•••	5
(h) Vomit (l	Microscopic	Examinatio	n)	
Total number examin	ed	• • •	• • •	1
11	_HISTOL	OGY		
Biopsy and Mort			ations	Were
made on 385 specime	ens of mater	rial.	ations	WCIC
Head and Neck :				
Brain :—	s			
Normal Manningiama	• • •	•••		1
Menningioma Face :—	• • •	• • •	•••	1
Epithelioma	• • •			1
Nose:—				
Epithelioma Fibroma			• • •	3
Granulation tissu	е		• • •	1
Ethmoid :—				
Epithelioma	• • •	• • •	• • •	1
Eye :— Sarcoma				1
? Oligodendroglic	oma	• • •		1
Detached retina	• • •	•••	• • •	1
Parotid Gland :— Fibrosis				1
Mixed tumour	• • •	• • •	• • •	$\frac{1}{2}$
Check:—				
Haemangioma	• • •	• • •		1
Ear :— Fibroma	4.4.2			2
Mouth :—				
Ulcer			• • •	1
Papilloma of soft	palate	* * 4	• • •	1
Tongue :— Papilloma	• • •	• • •	• • •	1
Hypertrophy	•••	•••		1
Haemangioma	•••	•••	• • •	1
Gum :— Epithelioma				2
Gingivitis	• • •	• • •	• • •	$\tilde{1}$

Tonsils:—			
Epithelioma	• • •	* 1 2	1
Larynx :—			
Papilloma			4
Squamous carcinoma	• • •	* * *	1
Granulation tissue	• • •		1
	• • •	• • •	1
Jaw:—	·		
Osteogenic sarcoma	• • •	900	1
Squamous carcinoma	• • •	• • •	1
Granuloma	• • •		2
Squamous carcinoma	• • •		4
Epulis	• • •	• • •	2
Thyroid:—			
Adenoma			5
Tittorioniti	• • •	₩ 0 0	Ų
Thorax:—			
Chest Wall :			
Encephaloid carcinoma			1
_	•••	• • •	1
Breast:—			
Normal	• • •	• • •	2
Mastitis	• •		6
Abscess		• • •	3
Fibroadenoma			5
Duct carcinoma		• • •	1
Scirrhous carcinoma		• • •	6
Encephaloid carcinoma		• • •	4
Adenocarcinoma		***	1
			~
Abdomen:—	,		
Abdomen :— Abdominal wall :—			1
Abdomen:— Abdominal wall:— Secondary adenocarcinoma	•••		1 2
Abdomen:— Abdominal wall:— Secondary adenocarcinoma Fibroma	•••	•••	1 2 1
Abdomen:— Abdominal wall:— Secondary adenocarcinoma Fibroma Abscess	•••	•••	1
Abdomen:— Abdominal wall:— Secondary adenocarcinoma Fibroma Abscess Mesenteric cyst	•••	•••	1
Abdomen:— Abdominal wall:— Secondary adenocarcinoma Fibroma Abscess Mesenteric cyst Secondary carcinoma of per	•••	•••	1
Abdomen:— Abdominal wall:— Secondary adenocarcinoma Fibroma Abscess Mesenteric cyst Secondary carcinoma of per Stomach:—	··· ··· ·itoneum	***	1 1 1
Abdomen:— Abdominal wall:— Secondary adenocarcinoma Fibroma Abscess Mesenteric cyst Secondary carcinoma of per Stomach:— Inflammatory thickening of	··· ··· ·itoneum		1 1 1
Abdomen:— Abdominal wall:— Secondary adenocarcinoma Fibroma Abscess Mesenteric cyst Secondary carcinoma of per Stomach:— Inflammatory thickening of Necrosis from poisoning	··· ··· ·itoneum		1 1 1 1 1 1
Abdomen:— Abdominal wall:— Secondary adenocarcinoma Fibroma Abscess Mesenteric cyst Secondary carcinoma of per Stomach:— Inflammatory thickening of Necrosis from poisoning Simple ulcer	··· ··· ·itoneum	•••	1 1 1 1 1 5
Abdomen:— Abdominal wall:— Secondary adenocarcinoma Fibroma Abscess Mesenteric cyst Secondary carcinoma of per Stomach:— Inflammatory thickening of Necrosis from poisoning	··· ··· ·itoneum		1 1 1 1 1 1
Abdomen:— Abdominal wall:— Secondary adenocarcinoma Fibroma Abscess Mesenteric cyst Secondary carcinoma of per Stomach:— Inflammatory thickening of Necrosis from poisoning Simple ulcer Adenocarcinoma	··· ··· ·itoneum		1 1 1 1 1 5
Abdomen:— Abdominal wall:— Secondary adenocarcinoma Fibroma Abscess Mesenteric cyst Secondary carcinoma of per Stomach:— Inflammatory thickening of Necrosis from poisoning Simple ulcer Adenocarcinoma Large Intestine:—	··· ··· ·itoneum		1 1 1 1 5 3
Abdomen:— Abdominal wall:— Secondary adenocarcinoma Fibroma Abscess Mesenteric cyst Secondary carcinoma of per Stomach:— Inflammatory thickening of Necrosis from poisoning Simple ulcer Adenocarcinoma Large Intestine:— Adenocarcinoma of colon	··· ··· ·itoneum		1 1 1 1 5 3
Abdomen:— Abdominal wall:— Secondary adenocarcinoma Fibroma Abscess Mesenteric cyst Secondary carcinoma of per Stomach:— Inflammatory thickening of Necrosis from poisoning Simple ulcer Adenocarcinoma Large Intestine:— Adenocarcinoma of colon Adenocarcinoma of rectum	··· ··· ·itoneum		1 1 1 1 5 3
Abdomen:— Abdominal wall:— Secondary adenocarcinoma Fibroma Abscess Mesenteric cyst Secondary carcinoma of per Stomach:— Inflammatory thickening of Necrosis from poisoning Simple ulcer Adenocarcinoma Large Intestine:— Adenocarcinoma of colon Adenocarcinoma of rectum Benign polypus of rectum	··· ··· ·itoneum		1 1 1 1 5 3
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Abdomen:— Secondary adenocarcinoma Fibroma Abscess Mesenteric cyst Secondary carcinoma of per Stomach:— Inflammatory thickening of Necrosis from poisoning Simple ulcer Adenocarcinoma Large Intestine:— Adenocarcinoma of colon Adenocarcinoma of rectum Benign polypus of rectum Ulcer of colon Fistula in ano	pylorus		1 1 1 1 5 3 1 2 1 1
Abdomen:— Secondary adenocarcinoma Fibroma Abscess Mesenteric cyst Secondary carcinoma of per Stomach:— Inflammatory thickening of Necrosis from poisoning Simple ulcer Adenocarcinoma Large Intestine:— Adenocarcinoma of colon Adenocarcinoma of rectum Benign polypus of rectum Ulcer of colon Fistula in ano Chronic inflammation of and	pylorus		1 1 1 1 5 3 1 2 1 1 1 1
Abdomen:— Secondary adenocarcinoma Fibroma Abscess Mesenteric cyst Secondary carcinoma of per Stomach:— Inflammatory thickening of Necrosis from poisoning Simple ulcer Adenocarcinoma Large Intestine:— Adenocarcinoma of colon Adenocarcinoma of rectum Benign polypus of rectum Ulcer of colon Fistula in ano	pylorus		1 1 1 1 5 3 1 2 1 1
Abdomen:— Secondary adenocarcinoma Fibroma Abscess Mesenteric cyst Secondary carcinoma of per Stomach:— Inflammatory thickening of Necrosis from poisoning Simple ulcer Adenocarcinoma Large Intestine:— Adenocarcinoma of colon Adenocarcinoma of rectum Benign polypus of rectum Ulcer of colon Fistula in ano Chronic inflammation of and Wart of anus Appendix:—	pylorus		1 1 1 1 5 3 1 2 1 1 1 1 1 2
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Abdominal wall:— Secondary adenocarcinoma Fibroma Abscess Mesenteric cyst Secondary carcinoma of per Stomach:— Inflammatory thickening of Necrosis from poisoning Simple ulcer Adenocarcinoma Large Intestine:— Adenocarcinoma of colon Adenocarcinoma of rectum Benign polypus of rectum Ulcer of colon Fistula in ano Chronic inflammation of and Wart of anus Appendix:— S. Hæmatobial appendicitis Liver:—	pylorus		1 1 1 1 5 3 1 2 1 1 1 1 1 2
Abdominal wall:— Secondary adenocarcinoma Fibroma Abscess Mesenteric cyst Secondary carcinoma of per Stomach:— Inflammatory thickening of Necrosis from poisoning Simple ulcer Adenocarcinoma Large Intestine:— Adenocarcinoma of colon Adenocarcinoma of rectum Benign polypus of rectum Ulcer of colon Fistula in ano Chronic inflammation of and Wart of anus Appendix:— S. Hæmatobial appendicitis Liver:— Hepatitis	pylorus		1 1 1 1 5 3 1 2 1 1 1 1 1 2
Abdominal wall:— Secondary adenocarcinoma Fibroma Abscess Mesenteric cyst Secondary carcinoma of per Stomach:— Inflammatory thickening of Necrosis from poisoning Simple ulcer Adenocarcinoma Large Intestine:— Adenocarcinoma of colon Adenocarcinoma of rectum Benign polypus of rectum Ulcer of colon Fistula in ano Chronic inflammation of and Wart of anus Appendix:— S. Hæmatobial appendicitis Liver:—	ritoneum		1 1 1 1 5 3 1 2 1 1 1 1 1 2

	Spleen:—			
	Banti's disease		• • •	1
	Malaria (Askari soldier)		• • •	1
	Suprarenal Gland:—			
	Normal			1
	Gall Bladder:—	•••	•••	
	Chronic cholecystitis			1
	Chrome cholecystitis	* * *	9 2 *	
P_{i}	elvis:			
	Urinary bladder:—			
	Fragment of mucous membr	ane		1
	Ureter:—			
	Transitional carcinoma		,	1
	Prostate:—			
	Simple hypertrophy			2
	Adenocarcinoma	• • •	•••	1
	Testicle :—			
	Olamania 1-1/1-			1
	Seminoma	• • •	• • •	1
	Haemangioma	• • •	* * *	$\overline{1}$
	Penis:—	•••		
	Epithelioma			1
		• • •	•••	1
	Ovary:—			2
	Follicular cyst Fibroma	• •••	* * *	$\frac{2}{1}$
	Papillary cystadenoma	• • •	• • •	1
	Granulosa cell carcinoma	• • •	• • •	1
	Spindle cell sarcoma	• • •	•••	1
	Ovarian pregnancy	• • •	•••	1
	Vulva:—			
	Fibroma	• • •	• • •	1
	Vaginal wall:—			
	Inflammatory ulceration			1
	Squamous carcinoma	• • •	• • •	1
	Uterus :—			_
	Normal endometrium			14
	Hyperplasia of endometrium	• • •	• • •	34
	Endometritis	• • •		2
	Adenocarcinoma			4
	Fibromyama	• • •		7
	Products of conception		• • •	4
	Placenta Accreta	• • •	• • •	1
	Cervis:—			
	Chronic cervicitis	• • •		2
	S. haematobial cervicitis	• • •	•••	4
	Polypus	• • •		6
	Cervical erosion	• • •	• •	1
	Squamous carcinoma Adenocarcinoma	• • •	• • •	11 3
		•••	• • •	J
	Fallopian tubes :— Chronic salpingitis			1
	CHOILC SHOILGILLS			

Limbs :-				
Fibrosarcoma of ell	DOW			1
Chronic dactylitis		5 4 1	* * *	1
Tuberculous dactyl			• • •	1
	•			1
Chronic inflammato				1
Round cell sarcoma	••			1
Chronic inflammati				1
Capillary haemangi	oma of sol	le		1
Gangrene of foot				2
Epithelioma of leg				2
Simple ulcer of leg			• • •	1
Fibroma toe		• • •		1
Wart of toe			• • •	1
C1:				
Skin:—				2
Normal			* 9 *	3
Abscess	8 9 9			2
Fibroma	* * *	• • •		2
Sebaccous cyst	* * *		• • •	3
Inflammation	• • •	• • •	• P •	
Wart	,		• • •	6
Keloid	· • •		* * 0	, 1
Papilloma	• • •		• • •	
Lipoma	• • •	• • •	• • •	4
Naevus	* r *		• • •	1
Haemangioma		* * *	• • •	3
Squamous carcinon	na		• • •	
Melanoma	• • •	• • •	• • •	3
Chronic ulcer	•••	s •, •	• • •	1
Blood Vessels:—				
Normal vein	\$ D A	* * 4	5 * 8	1
Arteriosclerosis				4
Thromboangiitis ol	oliterans			3
Bones :—				
Normal				1.
Spindle cell sarc	oma	b, 0 +		1
Chronic osteomy		. • •		7
Osteoclastoma				2
Chondrosarcoma	ι			2
Mixed cell sarco	oma		* * *	1
Abscess	• • •			1
T :I				
Joints:—	<i>4</i> :			6
Tuberculous arthri			• • •	21
Chronic arthritis				5
Chronic bursitis				
Muscles:—				
Myositis				3
Myosarcoma			. •	1
Volkmann's contra	cture	s • b	s # 8	1

Lymph Glands:—			
Chronic adenitis	* • •		10
Tuberculous adenitis	• • •		8
Normal lymph gland	3.4.4		-
Lymphosarcoma			, A
Hodgkin's disease	•••	• • •	
Miscellaneous:—			
Sympathetic ganglion	4 7 %		2
Granulation tissue	···	a • •	
Sarcoma from unknown S		, , ,	<u>]</u>
Haemangioma from unki Blood clot	nown site		1 1 2 2
Inflamation of nail bed	• • •		1
Fibrous tissue	0 0 4		3
Cellular debris	• •		1
Animals :—			
Fowls:—			
Haemorrhagic spleen			1
Lymphocytic inflamma		• • •	î
Pus from intestinal wa			1
ии. васт	ERIOLOGY		
No.	D		
A. Direct Microsc			
2,807 microscopical ex	aminations wer	e mad	e :
	bulum.		
Total number examined	4.4.4		1,926
Mycobacter tuberculosis			194
(b) Ccrebro-	Spinal Fluid.		
Total number examined	5 * *	,	73
Pneumococcus	* * *		1
(c) Throat and	nasal swabbings	5.	
Total number examined	• • • •		78
Corynebact diphtheriae			13
(d) Pus, dischar,	ges, scrapings et	<i>c</i> .	
Total number examined			160
Staphylococcus albus	• • •		. 2
Mycobacter tuberculosis			4
Neisseria gonorrhoae			16
D. Co			
	LTURES		2.052
Total number examined			3,953
	Blood.		
Total number examined	1.1.4	2.9.4	81
Staphylococcus aureus	4 * *		1
Bact. typhosum	1 4 +	• • •	1
Morgan's bacilli Streptococcus haemolytic	4++		$\frac{2}{1}$
Staphylococcus albus			1
	aeces		1
Total number cultured	acces		172
Bact. typhosum	•••		2
,	• • •		200

(c) Uri	ite		
Total number cultured	* *		733
Bact. Coli		h * *	205
Bact. alkaligenes	v • •	* •	8
Bact. proteus	• • •	• • •	14
Bact. paracolon	A 1 6	,	4
Morgan's bacilli	e ·	* * *	24
Pseudomonas pyocyanea	* * •		20
Staphylococcus aureus			9
Staphylococcus albus	* * *	• • •	1
Streptococcus haemolyticus	• • •	* * *	3
Streptococcus viridans	• • •	• • •	3
Streptococcus faecalis	• • •		1
Mycobacter tuberculosis		0 + 1	4
Inoculation to guinea pig		b # 0	11
(d) Spul	um		
Total number cultured	•••		51
Bact. proteus			1
Bact. Freidlanderi	•••		1
Diphtheroid	• •	• • •	1
Streptococcus viridans			9
Mycobacter tuberculosis			11
Neisseria catharralis	• • •	• • •	1
(e) Cerebro-Spi	ual Fluid		
	irer T titter		73
Total number cultured	. • •	* * *	13
Bact. alkaligenes Streptococcus pneumoniae	* * *	• • •	3
Streptococcus pireumomae	• • •	* * *	,
(f) Throat and Nas	al Swabbi	ngs	
Total number cultured		> + a	1,857
Corynebact diphtheriae		* * *	230
Diphtheroids			59
Staphylococcus aureus			85
Staphylococcus albus	* * *	• • •	7
Streptococcus haemolyticus	e = 3	• • •	116
Streptococcus viridans			$\frac{2}{2}$
Virulence test for corynebac	t diptheria	ie	8
(g) Pus, Discharges &	Scraping:	s etc.	
Total number cultured			993
Bact, coli typical		* * *	8 1
Bact. coli atypical	• • •		1
Bact. proteus			11
Bact. paracolon			2
Bact. alkaligens		5 4 b	1 2
Bact. Morax Axenfeldt			
Morgan's bacillus			4
Pseudomonas pyocyanea		• • •	2
Doderlein's bacillus			11
Diphteroids			11
Staphylococcus aureus	• • •		86
Staphylococcus albus		7 + +	475
Streptococcus haemolyticus			26
Corynebact diphtheriae	p + +		1

(h) Vaccine

	Stock T.A.B. proph	ylactic vac	cine-		42 lits.
	T.A.B. for protein s	shock	h • 15		500 mls.
	Stock polyvalent str	reptococcal	vaccine	2	250 mls.
	Stock staphylococca	al antivirus			4 lits.
	Various autogenous	vaccines	• • •	• • •	9 cases
	(i,) Miscellane	OUS		
	Sensitivity to antibi	otics		4	4 cases
	Milk analysis	• • •	•••		1
	Water analysis	0 0 •			434
	•				
	IV. H	НАЕМАТО	LOGY		
T	otal number examin	ed		• • •	6,910
	Haemoglobin estim	ations			1,326
	Red cells counts				871
	White cells counts				381
	Differential counts	• • •			372
	Blood sedimentatio	n rates			506
	A.B.O. groupings	• • •			2,201
	Cross matchings	• • •			650
	Rhesus factors				199
	Rhesus anti-body	• • •			11
	Packed cell volume	•	• • •		38
	Mean corpuscular h	aemoglobin	1		35
	Mean corpuscular h	aemoglobin	concentra	tion	37
	Platelets counts	• • •	• • •	* * ¢	4
	Reticulocyte counts			,	4
	Bleeding time	• • •	•••		89
	Coagulation time	• • •			90
	Malarial parasites				2
	77:1 C			(2)	negative)
	Film for microfilari	ae	* * *		83 positive)
	Bone marrow				5
	Coombes test		5 • •		3
	Fragility test		• • •		1
	Formol Gel test		• • •		1
	Princess Marg	ADEW ODWIT	opurato (Dame) F)
T	otal number examin		OPARDIC (
1 (Haemoglobin estim		• • •	* * *	1,731 552
	Red blood cells cou		•••	* 6 6	129
	White blood cells c		• • •	• • •	
	Differential counts	Othits	• • •	• • •	131 104
	Blood sedimentation	n raiec			500
	Blood grouping	ir rates	• • •	• • •	213
	Cross matchings	• • •	• • •		102
	Cross materings	•••	* * *	• • •	102

V. SEROLOGY

	I. BI	COOD		
\cdot (a) A	gglutin	ation Test		
Total number number agglutination test		era submitted	for	912
Significant agglutin			sum	281
Significant agglutin			sum	128
Significant agglutin sum "A"				44
Significant aggluting sum "A"	ins for			
Significant agglutini				33
Significant aggluti				
OX 19				7
Significant aggluting		Bact. Proteus C)XK	3
Brucella Abortus	• • •	• • •	* * *	1
(b) Kahi	u tests		
Negative			3 0 0	15,959
Doubtfull reactions				518
+				532
++	• • •	• • •		620
+++	• • •		• • •	341
++++				83
Unsuitable for test	• • •			215
		Totals		18,268
/	c) Klin	a tuete		
	c) Kiiii	0 10818		16 516
Negative	• • •	• • •	• • •	16,516
Doubtful reactions		•••		652
++	• • •	• • •		598 533
+++	• • •	• • •		532 384
++++	• • •		• • •	166
Unsuitable for test		• • •	• • •	200
Onsultable for test	•••	•••		
		Total		19,048
(d) W	asserma	an reactions		
Negative				947
Doubtful reactions			* * *	84
+	• • •	•••		114
++		•••		103
+++				128
++++	• • •	•••		92
Unsuitable for test		• • •		341
		Total	• • •	1,809

(e) Gonorri	hoea com	plement fixation	test	
Negative		• • •		17
Doubtful reaction	ns		• • •	2
+	5 •	• • •		3
		•••		2
+++				3
++++				
Unsuitable for te	st	•••	• • •	6
		Total		33
	(c) 1	011		
Paul Bunnell's te		3100d		9
Titti Dillion 6	.50	• • •	• • •	
II. C	EREBRO-	SPINAL FLUID		
(a) 1	Vasserm.	ann reactions		
Negative				123
Doubtful				8
+				4
. ++				2
+++				2
++++				2
Unsuitable for tes	et	• • •	• • •	12
Onstituble for te.	J		• • •	12
		Total	• · •	153
	(b) Ka	hn test		
Total number exam				7
Totti Ittimber extin	111001	•••	, , ,	,
VI.	DIOCI	TEMPOTES.		
V 1.	BIOCE	HEMISTRY		
	(a) U	Irine		
Total number exami	ined			2,379
Albumen—qualita		•••	• • •	247
Albumen—quanti		• • •		8
Glucose—qualitat		•••	• • •	95
Glucose—quantita	ative	• • •	• • •	75
Acetone	• • •	• • •	• • •	7 20
Bile pigments Bile salts	• • •	• • •	• • •	1
Specific gravity			• • •	35
FT	• • •	• • •		6
Bence Jones Prote	-in	•••	• • •	2
Urobilinogen	J111	•••		5
Cl as NaCl		•••		1
Lactose			• • •	1
Galactose		•••	• • •	1

	(b) Blo	ood		
Urea				1,693
Glucose				2,242
Bromides		• • •		171
Protein				99
Albumen				64
Globulin				64
Cholesterol				19
Calcium			• • •	10
Alkaline phosphata	.se		• • •	27
Acid phosphatase	• • •	• • •	• • •	19
Phosphorous Chlorides	• • •	• • •	• • •	3
Uric Acid	• • •	•••		26 5
Amylase	· • •	• • •		1
Thymol turbidity to	ect	• • •		20
Van Den Bergh rea		• • •	• • •	68
Bilirubin	action	• • •	• • •	50
Icterus index	• • •	• • •		6
Urea clearance test	t			4
Prothombin index	• • •			1
				and the second second
		Total	• • •	4,592
				and the second second
(c) $C\epsilon$	crebro-Spi	inal Fluid		
Protein	• • •			239
Chlorides				196
O1				100
Glucose				182
Glucose		•••	• • •	104
	 (d) Fac	 ECCS	• • •	
Occult blood	 (d) Fac	 ECCS		103
Occult blood Bile pigments	 (d) Fac 	 		103
Occult blood	 (d) Fac 	 		103
Occult blood Bile pigments Fats				103
Occult blood Bile pigments Fats) Miscella			103 3 1
Occult blood Bile pigments Fats (c) Total number examin) Miscella			103 3 1
Occult blood Bile pigments Fats) Miscella			103 3 1
Occult blood Bile pigments Fats (c) Total number examin) Miscella			103 3 1
Occult blood Bile pigments Fats (e Fotal number examin Fractional test mea) Miscella			103 3 1
Occult blood Bile pigments Fats (c) Fotal number examin Fractional test means) Miscella			103 3 1 24 3
Occult blood Bile pigments Fats (c) Fotal number examin Fractional test means Ascilic Fluid :— Specific gravity Protein) Miscella			103 3 1 24 3
Occult blood Bile pigments Fats (e) Fotal number examin Fractional test mean Ascitic Fluid:— Specific gravity Protein Pleural Fluid:—) Miscella			103 3 1 24 3
Occult blood Bile pigments Fats (c) Fotal number examin Fractional test means Ascilic Fluid :— Specific gravity Protein) Miscella			103 3 1 24 3
Occult blood Bile pigments Fats (e) Fotal number examin Fractional test mean Ascitic Fluid:— Specific gravity Protein Pleural Fluid:— Protein) Miscella			103 3 1 24 3
Occult blood Bile pigments Fats (c) Fotal number examin Fractional test means Ascitic Fluid:— Specific gravity Protein Pleural Fluid:— Protein Exudates:—) Miscella			103 3 1 24 3
Occult blood Bile pigments Fats (e) Fotal number examin Fractional test mean Ascitic Fluid:— Specific gravity Protein Pleural Fluid:— Protein Exudates:— Protein) Miscella			103 3 1 24 3
Occult blood Bile pigments Fats (e) Fotal number examin Fractional test mean Ascitic Fluid:— Specific gravity Protein Pleural Fluid:— Protein Exudates:— Protein Calculi:—) Miscella			103 3 1 24 3
Occult blood Bile pigments Fats (c) Fotal number examin Fractional test mean Ascitic Fluid:— Specific gravity Protein Pleural Fluid:— Protein Exudates:— Protein Calculi:— Urinary) Miscella			103 3 1 24 3
Occult blood Bile pigments Fats (e) Fotal number examin Fractional test mean Ascitic Fluid:— Specific gravity Protein Pleural Fluid:— Protein Exudates:— Protein Calculi:—) Miscella			103 3 1 24 3
Occult blood Bile pigments Fats (c) Fotal number examin Fractional test mean Ascitic Fluid:— Specific gravity Protein Pleural Fluid:— Protein Exudates:— Protein Calculi:— Urinary Renal) Miscella			103 3 1 24 3
Occult blood Bile pigments Fats (e) Fotal number examin Fractional test mean Ascitic Fluid:— Specific gravity Protein Pleural Fluid:— Protein Exudates:— Protein Calculi:— Urinary Renal Urines:—) Miscella			103 3 1 24 3
Occult blood Bile pigments Fats (c) Fotal number examin Fractional test mean Ascitic Fluid:— Specific gravity Protein Pleural Fluid:— Protein Exudates:— Protein Calculi:— Urinary Renal Urines:— Diastase) Miscella			103 3 1 24 3
Occult blood Bile pigments Fats (e) Fotal number examin Fractional test mean Ascitic Fluid:— Specific gravity Protein Pleural Fluid:— Protein Exudates:— Protein Calculi:— Urinary Renal Urines:—) Miscella			103 3 1 24 3 1 1 7 1

VII. VETERINARY

	A. (Micro	SCOPICAL)		
	(a) Fo	neces		
Total number	examined	•••		14
Horses Dogs	•••	•••	• • •	9 5
Dogs	(1.)	n11	•••	3
Rlood smear	rs from Bovine	Blood		2
Dioot sinear	S HOIL DOVING		•••	~
В.	Post Morter	M Examina	TIONS	
Total number	examined	• • •	• • •	123
Chickens	• • •		• • •	109
Turkey Small birds		•••	• • •	1 3
Calf	• • •	• • •	•••	2
Sheep	• • • •	•••		$\tilde{1}$
Goat				6
Fish				1
	C. Cui	TURES		
(i) Material fi				17
	shings from b	ulls		15
	of positives		omonas	1.5
fœtus	or positives			2
(iii) Muco puru	dent vaginal d	ischarge fro	m cows	1
_	of positives	**		*
fætus	or positives			
(iv) Material fr				5
	of positives	for Myc	obacter :	
	losis			4
		Times True	F14	
	D. AGGLUTIN			
	itination inhib lisease of poul		r New-	60
(ii) Number o	t agglutinins fo		Abortus	139 14
	t agglutinins it t agglutinins			
	orbificans		inonena	-
(iii) Number o		tested		124
	t agglutinins for		Abortus	1 2 .
	t agglutinins fo			
morbific				13
(iv) Number o	f equine sera	tested		1
	t agglutinins fo			^
morbific			•••	-
	E. Bioci	INACLARDA		
Blood wa	a estimation (23
Diood are	a cstimation (Soats	• • •	40
	F. VA			
Newcastle	e disease vacc	ine (oral)	* * *	79,000
				1 Occe

APPENDIX II

Annual Report of the Victoria Hospital Branch Laboratory

MEDICAL BIOLOGY (a) Blood (Miscroscopicat) Total number examined 51 . Blood films for malaria parasites 41 Blood films for microfilariae 10 (b) Faeces (microscopical) Total examinations 3,332 Helminths:--Ascaris ova 1,721 Hookworm ova 1,401 Trichuris ova 2,898 Hetereodora Marioni 4 Oxyuris vermicularis 1 Strongyloides larvae 1 Brotozoa:— Entamoeba Histolytica 1 Entamoeoa Coli cysts 20 Endolimax Nana cysts 6 Vegetative and precystic amoeba 28 Trichomonas ... 3 Giardia (Lamblia) cysts 65 Blastocysts 667 No Helminths, no protozoa ... 434 (c) Urine (Microscopical) Total examinations 1,418 Pus Cells 814 400 Casts ... 84 Trichomonas vaginalis Schistosoma haematobium 60 BACTERIOLOGY II. (a) Sputum 1,215 Total number examined Mycobacter tuberculosis 211 (b) Throat and Nasal Swabbings 78 Total number examined 10 Cornyebact diptheriae (positive) (c) Pus, Discharges, Scrapings Total number examined 92 Neisseria gonorrhoea 18 (d) Urine Urine for micro-organisms 2

III. HAEMATOLOGY

Total examinations Blood counts	• • • .	•••	(0	5,583 2,608
Differential blood		•••	•••	580
Platelets counts	•••	• • •	•	18
Bleeding time	• • •	•••	• • •	29
Goagulation time	•••	•••	•••	31
A. B. O. groupings	and X-n	natchings	•••	1,417
Blood sedimentation	on rate	* * *	•••	900
,,	,			
IV.	вюсн	EMISTRY		
3	\cdot (a) U_1	rine,		
Total number exami-	ned	•••	•••	4,757
Reactions	•••	± • • •	•••	1,484
Albumen qualitativ	ve	• • •	• • •	1,572
Albumen quantitat	rive	•••	• • •	2
Glucose qualitative	e	• • •	• • •	1,522
Glucose quantitativ	ve	• • •		16
Tests for acetone	• • •	• • •		100
Tests for bile		•••	•••	61
	· (b) St	ools		
Stools for Occult 1	` *	***	•••	3
(c) Gastri	ic juice		
Fractional test me	al	•••		98

• * •

APPENDIX III

Annual Report of the Civil Hospital Branch Laboratory

I. MEDICAL BIOLOGY

(a) Blood (Mid	croscopical)		
Total number examined	•••	• • •	80
Malaria film (negative)	• • •	• • •	47
Plasmodium Vivax	•••	• • •	1
Plasmodium Falciparum	• • •	•••	1
Microfilariæ (negative)	•••	- k	28
W. Bancrofti	•••	• • •	3
(b) Faeces (Mi	icroscopical)		
Total number examined	• • •	• • •	2,740
Helminths:—			
Ascaris ova	•••	• • •	872
Trichuris ova	• • •	• • •	735
Hookworm ova	•••	• • •	369
Enterobius vermicularis	•••	• • •	4
Heterodera Marioni	•••	•••	1
Strongyloides larvæ	• • •	• • •	26
Hymenolepis nana	• • •	• • •	2
Protozoa:	rate.		110
Entamœba Histolytica c Entamœba Coli cysts	~	• • •	172
Vegetative and Precystic	· ··· · amœha	• • •	42
Entamœba Butschlii	amooa	•••	1
Endolimax nana	•••	•••	61
Giardia (Lamblia) cysts	•••		146
Chilomastix	• • •	• • •	16
Trichomonas	• • •	• • •	46
Cercomonas	• • •	•••	1
Blastocystis	•••	• • •	468
No Helminths, no protoz	oa	• • •	762
(c) Urine (Mic	croscopical)		
Total number examined	•••	• • •	4,296
Casts	• • •	• • •	916
Pus	•••	• • •	1,208
Red blood cells	•••	• • •	1,051
Crystals	•••	• • •	593
Schistosoma haematobium	•••	• • •	392
Microfilariae	• • •	• • •	132
Trichomonas vaginalis	•••	• • •	132
II. BACTE	RIOLOGY		
(a) Spu	ıtıini		
Total number examined	• • •	• • •	2,107
Mycobacter tuberculosis	•••	• • •	393
(b) Urine,	Pus, etc.		
Total number examined			7
Total little Camille	• • •	• • •	4

(c) Throat and Nasa	al Swabs, etc	C .	
Total number examined	,,,	• • •	176
Throat Swabs			131
Number of positive for Cory	nebacteria	•••	11
Nasal Swabs		• • •	44
Number of positive for Cory	nebacteria	•••	8
Mouth Swab for Moniliasis		• • •	1
		•••	-
(d) Pus, Discharge	s, Swabbings		
Total number examined		•••	372
Neisseria Gonorrhoea	•••	• • •	64
Trichomonas vaginalis	• • •		1
(e) Miscella	neous		
C.S.F. Cells Counts	• • •		9
III. HAEMA	TOLOGY		
Total number examined		• • •	7,685
Haemoglobin estimations	•••		1,861
Red Blood Cells counts	• • •	•••	1,361
White Blood Cells Counts	• • •	•••	955
Differential Counts	• • •	• • •	987
A. B. O. Groupings	•••	•••	645
Cross-Matchings	• • •	• • •	1,104
Blood Sedimentation Rate		•••	718
Bleeding Time	•••	•••	13
Coagulation Time			16
Platelets	•••		15
Reticulocytes Count			1
Fragility Test		•••	1
Mean Corpuscular Volume			8
IV. BIOCHE	MISTRY		
(a) Faed	ces		
Total number examined			8
Occult Blood positive	• • •	•••	3
Occur blood positive	• • •	•••	3
(a) Fractional	Test Meal		
Total number examined	• • •	•••	54
() 77 :			
(c) Urii	ie		
Total number examined	• • •	• • •	4,666
Albumen Qualitative	•••	• • •	2,110
Albumen Quantitative	• • •	•••	15
Glucose Qualitative	•••	• • •	2,095
Glucose Quantitative	•••	• • •	84
Bile determination	•••	• • •	117
Acetone	• • •	•••	172
Specific gravity	•••	•••	73

APPENDIX IV

Annual Report of the Government Chemist for 1956

GENERAL CHEMICAL ANALYSES

During the year, 5,460 samples were received involving 11,914 tests. Table I gives full details on the various items.

Milk—The check on the quality of milk distributed to pupils invarious schools showed that on several occasions the milk distributed contained an excess of milk solids or sugar, and sometimes a deficiency of both. On each

occasion the case was reported to the School Medical Officer.

The Special Milk Unit, mention of which is made in my previous Reports, has continued to render efficient service, 276 samples being received from this unit only. It can definitely be said that, according to results recorded in the Laboratory for 1956, the quality of milk on sale is steadily improving, thanks to the close check kept by the Sanitary Inspectors on milk-sellers and cow-keepers.

Waters.—Samples of drinking water supplies from La Marie, Monneron,

Pailles and Piton du Milieu were taken regularly for analysis.

Samples of water were taken from the tanks of the ship "Drakensberg Castle" and analysed regarding fitness for human consumption. Ammonia was the noxious substance, and advice was given to render the water wholesome.

Samples of water from a pool in which noxious substances were suspected to have been added which would have been injurious to fishes "gouramiers" were received from the Police. On analysis, no such substances were detected.

Cases of Poisoning (Human)

Of the 145 cases of poisoning or suspected poisoning, results were as follows:—

Phenol	•••	• • •	40	Iodine		2	Morphine		1
Petroleum	•••	• • •	15	Barbiturates	• • •	2	Phosphorus	•••	1
Turpentine	•••	• • •	5	Mercury		2	Aniline	•••	1
Paraffin	• • •	• • •	I	Oxalates	• • •	1	Aldehydes	• • •	1
Sulphonated	Azod	lve	1	Alcohol		1	Ethyl Alcohol	•••	1
				Mogative regulte	. 70				

Negative results: 70

Cases of Poisoning (Animals)

Two fatal cases of doping of race horses were recorded. In the first case, strychnine was indentified, and in the second a barbiturate (gardenal) was present.

Gizzards of fowls and various organs of dogs were received for detection

of poisonous substances—on several cases the tests were positive.

CANNABIS AND OPIUM

The number of analyses performed in connection with cannabis cases is on the increase, whilst that for opium has decreased, exhibits in respect of 4 cases only being received for the latter.

TEXTILES

308 samples of various specimens were received from the Customs for identification.

The majority of these specimens were found to contain over 15 percent by weight of artificial silk.

Drunkenness

800 samples of urine and blood were received from various hospitals of the Colony.

On analysis, approximately 50 per cent were found to contain a high

percentage of alcohol.

Edible Oils

All consignments of edible oil received in the Colony were sampled and examined; they were all found fit for human consumption, the greater percentage being cotton seed and ground nut oils.

Others are: soya, coconut, olive, mustard, niger, maize and sesame. Cod liver and castor oils received by pharmacists were also analysed.

RUM AND DENATURATED SPIRITS

Several cases of fraud were reported by the Customs Authorities where it was stated that denaturated alcohol had been sold to the public as rum, after distillation or other methods of purification.

Investigations were started in this laboratory, which showed that the

allegations were founded.

Research work was started, but had to be discontinued owing to pressure of other work and shortage of staff.

It is hoped that, as soon as the position will improve, research work in this direction will be resumed.

Miscellaneous

This item comprises analyses of: DDT powders, vinegars, hair lotions, semastic, mazout etc. etc.

Table II gives in detail the work performed at the Customs Laboratory during the year under review.

TABLE I

ı	
	Tests
Samples	carried
received	out
26	130
1,010	5,210
	240
	185
	100
	2,884
14	42
308	400
	800
	415
	53
	214
	400
	20
	84
	59
	53
	500
	125
5.460	11,914
	Samples received 26 1,010 60 145 46 1,442

TABLE II

Samples examined at the Customs' Laboratory during the year 1956:—

*		•	
Liquor	10	Hosiery	474
Brandy	42	Haberdashery	630
Cognac	14	Hats	188
Rum	6	Bed Sheets	243
Gin	14	Corsets	5
Vodka	4	Rugs and Blankets	93
Vermouth	14	Carpets	9
Wine imported	198	Towels	246
Whisky	37	Umbrellas	13
Flavouring Essences	56	Knitting Yarns	20
Vinegar	11	Local Vinegar	101
Piece Goods	1,571	Country Liquor	19,421
Wearing Apparel	2,800	Miscellaneous	405
<u> </u>	•		

TABLE I

STATISTICS OF HOSPITALS

	Patients	Total		Patients	;	No. of patients on any date during	ients on during	;		No. of operations performed on	erations red on
in hospital admis- on 1.1.56 sions	·		Deaths	remain- ing on 31.12.56	No. of beds	Maximum M	Minimum Minimum	Medical Cases	Surgical	In- patients	Out- patients
254 9,492	9,492		540	263	410	405	242	6,274	3,218	2,460	808'6
21 1,982	1,982		49	27	99	99	21	1,845	137	36	580
25 1,527	1,527		22	21	70	70	21	1,159	368	7	415
23 2,253	2,253		49	29	116	109	21	1,790	463	100	2,427
62 2,782	2,782		çó	62	105	105	48	1,950	832	53	1,327
43 1,958	1,958		63	27	65	93	27	1,678	280	98	1,193
38 1,627	1,627		52	48	80	80	39	1,251	376	281	571
197 7,786	7,786		353	149	263	274	192	5,691	2,095	2,095	14,091
21 548	548		27	18	78*	71	21	451	62	70	1
6 . 167	167		1	N	16	14	1	93	74	12	45
12 251	251		}	12	30	18	9	174	77	∞	425
123 590	200		-	130	157	157	132	150	440	743	2.709
).		2	4 2 2	62	46	33	∞	1	1	2
865 30,971 1,		1,	1,263	842	1,550	1,508	804	22,514	8,457	5,951	33,593

*Infirmary only. The Mental Hospital has a total bed strength of 707.

TABLE II

STATISTICS OF MORBIDITY AND MORTALITY CALENDAR YEAR 1956

Mobile	Dispen-	Attend-	ances			I			1	1	l			I		I			1	1	I	030	000	1	1	1	1			1	
		Total	deaths	40	4	9	4	+	I	+	1.		I	1	1	12		1	I	1	2	- C	a 	1	1	4	6	1	- √		42
,		Total	cases	480	404	10	7	7	13	co	6 1	۰ ۲	7	106	12	140		1	1	1	19	37	·	2	က	ທີ	35		7		115
Hospitals—(In patients)	batients		deaths	16	OT	-	4	-	1		1			1	l	ıΩ			I	1			ı	1	ı	(O)	4	, 	-		15
sitals—(I	Female patients		New	221	177	3	13	3	6	2	4+	- 1		20	T	26			1		- 2	21	1	[2	4	20		-		44
Host	tients		deaths	61	CC	īC	١	1	1	1	I	l		1	1	7		I	1	1	, , ,	L C		l	l	 1	S	I			27
	Male batients	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	New	2500	203	7	l	4	4	-	JU 4	1 +	T	56	11	84		I		1	12	5 2 4 2	i 	2		 1	15		- 1		71
s and ts		-	Total	cases		1	١	1	4	1	27	i	l	355	65	1		I	I	; 	4.5	261 2.548	2 4	17	1	1		1			I
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Static dis out-pa	<i>y y y y y y y y y y</i>	New cases	71216	nrane		1		I		1	34			162	62	l		1		; 	34	160		ιO	I		1	1			1
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	Intermediate List Cause Grands				2. Tuberculosis of meninges	nervous system	A 3. Inderculosis of intestines, peritoneum	।	ທ	0.0	٠. د	n c		A 10. All other syphilis		12.	13. F		A 14. Cholera	15. B	16(a)	(b) Amæbiasis (c) Other unspecified forms of dysentery	17. S	18. Streptococcal sore throat	19.	30.	21.	22.	23. Meningococcai infections	27. Idgue	A 26. Tetanus

27. Antifurax	MEDICAL AND HEALTH DEPARTMENT	00
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Actic polionicalitis		
Acute polionycitis	22 1 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1	36 49
Acute poliomyclifis		15,092 79 4,986
Authrax	69	8,396 39 2,627
Authrax Acute poliomyelitis Acute infectious encephalitis	445	6,696 40 2,359
Authrax Acute poliomyclitis Late effects of acute poliomyelitis and acute infectious encephalitis Smallpox Measles Yellow fever Innectious hepatitis Indectious hepatitis Abics (a) Fica-borne epidemic typhus (b) Fica-borne epidemic typhus (c) Tickborne epidemic typhus (d) Mite-borne typhus (e) Other and unspecified typhus (f) Malarite malaria (benign tertian) (g) Malarite malaria (quartan) (g) Malarite malaria (quartan) (g) Cher and unspecified forms of (malaria) (g) Cher and unspecified forms of (malaria) (g) Cher and unspecified Schieton (h) Schistosomiasis vesical (S. hæmatopium) (g) Schistosomiasis pulmonary (g) Chilariasis (bancrofti) (g) Loiasis (g) Loiasis (h) Other filariasis (h) Choresis (h) Loiasis (h) Charaiasis (h) Ascariasis (h) Ascariasis (h) Ascariasis (c) Guinea worm (infestations (d) Other diseases due to helminths (d) Other diseases due to helminths	082 080 080 082 084 085 091 100 100 100 100 100 101 100 110 111 112 113,114 115 116,117 115 113,114 115 113,114 115 1173.2 123.3 123.2 123.3 125.	126 130°0 130°3 124, 128 130°1, 130°2
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Mobile	Dispen-	Attend-	ances			1		1	I	į		1	1	1	1		ļ	-		72	3,317				
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Malignant neoplasm of intestine, except-	rectum	Malignant neoplasm of rectum	Malignant neoplasm of larynx	Malignant neoplasm of trachea, and of	bronchus and lung not specified	secondary	Malignant neoplasm of breast	Malignant neoplasm of cervix uteri	Malignant neoplasm of other	pecified parts of uterus	Malignant neoplasm of prostate	Malignant neoplasm of skin	Malignant neoplasm of bone	nective tissue		Malignant neoplasm of all other and	unspecified sites		Leukæmia and aleukæmia	Lymphosarcoma and other neoplasms of	lymphatic and hæmatopoietic system	Benign neoplasins and neoplasins	unspecified nature	Nontoxic goiter	Thyrotoxicosis with or without goiter	Diabetes mellitus	(a) Beriberi	(c) Penagra	^ _	(ii) O	(a) Pernicious and other hyperchromic	31	(b) Iron deficiency anaemias (hypo-	chromic)	anae	
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	Male patients		deaths	12	4	1		t	36	†	- 1	1		70-0-1	The second second	Special specia		4	67 (C
is and	Male 1	N. Osto.	cases	231	25	150	145		112) J~	69 47	140	-0	27		37		198	38
		Total	cases	4,319	1,093	10	8	w	5		258	10	2.403	1,765	1,403	2,409		3,035	15 F
dispensaries a t-patient depts of hospitals		cases	Female	2,061	T. 2.7.	8	19	C3	12	and the second	94 2,403	4	1.165	930	/ko	1,212		1,510	n Z
Static dispensaries and out-patient depts of hospitals		New Cases	Mule	2,258	25.	80	99		4		164 2,579	=	1.328	8 1 R. 1	01/	1,197		1,525	50
Detailed	List	A ILMOETS		241	242–245 253, 254 270–277 287–289	294–299 j 300–309	310-324, 326	525	330-334	345	353 370-379	00 00 10 10 10	390	391-393	380-384)	386, 388	341-344	354-357 (360-369)	395–398 J 400–402 410–416
	Intermediale List Cause Group			A 66.—(a) Asthma	(b) All other allergic disorders, endo- crine, metabolic and blood \ diseases	A 68. Psychoses A 68. Psychoneuroses and disorders of	personality	70.	Vous system Nonmeningococcal meningitis	72.	:4:	75. Cataract 76. (Flancoms	77(a,	(b) Otitis media and mastoiditis	78.—(a)			system and sense organs	A 79. Rheumatic fever
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A \$1. Arteriosclerotic and degenerative heart disease		(b) All other respiratory diseases A 98.—(a) Dental caries (b) All other diseases of teeth and sup-	A 100. Ulcer of stomach A 100. Ulcer of duodenum A 101. Gastritis and duodenitis A 102. Appendicitis A 103. Intestinal obstruction and hernia A 104.—(a) Gastro-enteritis and colitis between A 104.—(a) Gastro-enteritis and colitis between	(b) Gastro-enteritis and colitis, ages 2 years and over	A 107. Other diseases of digestive system

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uts)		Total	cases	61	100	30 30	25.	33	125 174		599		19	436	93	603	36	1,238	2,855	674	214
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es and the standard standard	· ce		. Total cases	57	278	2+	-	87	2,542		3,907		18	102				7,421	ļ	13,991	13,767
Static dispensaries and out-patient depts	of hospitals	New cases	Female	25	129	= -	٦	87	2,542		2,820		18	102		182		7,421	1	5,970	8,019
Static di	to	Nete	Male	32	149	13		1	- 20		1,087		i	1	1				1	8,021	5,748
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7	\(\xi_{\text{*}}\)	Intermediate List Cause Group			109.			113. Diseases of breast	A 114.—(a) Hydrocele (b) Disorders of menstruation		(c) All other diseases of the genito- urinary system		115. Sepsis of pregnancy, childbirth and	116. Tox	117. Нае	118. Abo	119. Abortion with sepsis	120.—(a) Other complications of pregnancy, childbirth and the puer-	(b) Delivery without complications	A 121. Intections of skin and subcutaneous tissue	A 123. Muscular rheumatism, and rheumatism, unspecified

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33	9	26	167	46	6	10	57	8 70	Ç	7 (0	20	6	61		180	122	693	926		23,111	
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ın	က	~	46	7	N	4	25	32	c	24 (2)	9	33	7		98	4 4 5 2 5	558	417		14,036	
2	1	I	_		1	2	4	34	,	,	$1\tilde{0}$	4	I		77	o 4	1	39		632	9
28	က	19	118	42	4	9	32	3% 7	,	10	41	9	I		40,	80	135	559		9,075	
1	2	52	4,231	273	-		25	1 1	\	9 6	36	1	מו		27	2,724	150	21,419		257,780	
1	1	13	2,213	142		1	4		,	10 C	16	1	2		1+1	1,453	89	12,926		148,932	
	2	39	2,018	131	1	1	18	1	,	m	20	1	ϵ		13	1,271	61	8,493		108,848	The state of the s
124.	A 125. Ankylosis and acquired musculoskeletal deformities 737, 745–749	A $126.$ —(a) Chronic ulcer of skin (including tropical ulcer) 715	(b)	(c) All other diseases of musculos- 731—	keletat system 127. Spina bifida and meningocele	128. Congenital malformations of circulatory system	129. All c	130. Birth injuries 760	132.—(a) Diarrhæa of newborn (under	4 weeks) (b) Onhthalmia nechatorum	(c) Other infections of newborn763, 766—	133. Haemolytic disease of newborn	All other defined diseases of infancy		qualified 773—		(b) Observation, without need for further medical care	ill-defined causes of $\begin{cases} 788.1-7 \\ 788.1-7 \end{cases}$	11101 DIGHTY 789—792 795	TOTAL	

	Mobile	Dispen- saries	Attend- ances			1	733		!	6†	1	ļ	Ó	; 		326	1	1	81,731
			Total deaths		44	co.	wπ		11	23	-	=	ļ]	-	.	17	7	1,263
			l'otal cases		486	177	9Z	19	7	197	9	N	Ó	13	9	675	145	547	26,275
	putients	patients	deaths		16		C1 -	1	10	14			ļ		-	1 7	-	1	558
	Hospitals—(In patients)	Female patients	New Sases		119	18	31	3 [25	76		(G	1	9.	0.4	127	1+	132	14,812
	Hospi	atients	deaths		28	co	က ၂		=	6	-	-	1			က	16	4	705 1
		Male patients	New Cases		367	159	45	19	16	103	0	7	6	7	4 ×	548	86	415	11,463
ned	s and sts		Total		239	910	7.534	79	1+4	662		1	698	397	36	39,122	₩	2,309	310,923
II—continued	Static dispensaries and out-patient depts		cases Female		, 69	222	2.167		26	254			190	199	7 297		ļ	706	164,498 31
TABLE II	Static di		Male Fem		170	889	5.367	, 29	65	80+	[-	629	198	29		#	1,603	146,425 1
	Detailed	Intermediate List Cause Groups List	V tentioers	", E CODE" ALTERNATIVE CLASSIFICATION OF ACCIDENTS, POISONINGS AND VIOLENCE (EXTERNAL CAUSE)	138. Motor vehicle accidents E 810-E	AE 139. Other transport accidents \cdots $\{E 840-E 802\}$	870-E	142. Accident caused by machinery		corrosive liquid, steam, and radiation E 917, E	145. Accident caused by firearm E	AE 140. Accidental drowning and submersion E 929 AE 147.—(a) Foreign hody entering eye and	adnexa E E	(b) Foreign body entering other orifice E 923 (c) Accidents caused by hires and stings	of venenous animals and insects E 927 (d) Other accidents caused by animals E 928	E 910-E E 913-E E 921-E	AE 148. Suicide and self-inflicted injury E 970-E 979		

"N CODE". ALTERNATIVE CLASSIFICATION OF ACCIDENTS, POISONINGS AND VOILENCE (NATURE OF INIURY)

	81,117	1		1	1	39	1	1	2,0	460		07	<u> </u>	1	81,731	
	1,141	26	∞	7		I	G	14	4		1	45	21	, v	1,263	
	23,111	192	88	450	26	52	311	6) 4	761	787	22	238	213	100	26,275	
	509	7	61	寸	1		<i>C1</i>	4	 i	1	1	25	'n	2	558	
	14,036	15	20	112	ıV	11	54	9	106	195	9	119	80	47	14,812	
	632	19	9	(C)	-	ļ	-	10	ιΩ	1	1	10	18	co.	705	
	9,075	77	89	338	21	41	257	18	655	592	16	119	133	53	11,453	
	257,780	2	88	1,459	124	299	2,668	1	22,117	23,264	1,243	806	84	489	310,923	
	92	1	18	489	32	227	669	-	6,196	7,035	379	333	17	141	1 5	
	108,848 148,3	2	70	970	92	572	1,969	1	15,921	16,229	864	473	67	348	146,425 164,498	
	:	₩ 800-N 80+	N 805-N 809	N 810-N 829	N 830-N 839	cent N 840–N 848	N 850-N 856	and N 860-N 869	N 870-N 908	ush- N 910-N 929	ugh N 930-N 936	N 940-N 949	026 N−096 N ···	of { N 950-N 959} { N 980-N 999}	:	
(NATURE OF INIURY)	Sub-Total to A 137 brought forward	AN 138. Fracture of skull	AN 139. Fracture of spine and trunk	AN 140. Fracture of limbs	AN 141. Dislocation without fracture	AN 142. Sprains and strains of joint and adjacent muscles	AN 143. Head injury (excluding fracture)	AN 144. Internal injury of chest, abdomen, and pelvis	AN 145. Laceration and open wounds	AN 146. Superficial injury, contusion and crushing with intact skin surface	AN 147. Effects of foreign body entering through orifice	AN 148. Burns	AN 149. Effects of poisons	AN 150. All other and unspecified effects of { N 950-N 959} external causes	Total	

TABLE III

Main Causes of Morbidity-1956

Diseases	I	n-patients at hospitals	Out-patients at hospitals and dispensaries
Tuberculosis (all forms)	• • •	532	4
Syphilis and its sequelae	•••	124	412
Gonococcal infections	•••	12	65
Dysentery (all forms)	•••	135	2,853
Schistosomiasis vesical	•••	34	346
Filariasis (bancrofti)	•••	18	31
Ankylostomiasis	•••	411	7,481
Ascariasis	•••	100	15,092
Scabies	•••	24	4,582
Avitaminoses and other deficiency states	•••	352	4,020
Anaemias	•••	1,868	34,206
Asthma	•••	417	4,319
Influenza	•••	299	24,546
Pneumonias	•••	230	25
Bronchitis (all forms)	•••	585	4,259
Diseases of teeth and supporting structures	•••	132	12,642
Gastro-enteritis and colitis (between 4 wee	ks		
and 2 years)	• • •	83	3,602
Gastro-enteritis and colitis (between 2 year and over)		210	3,335
Complications of pregnancy, childbirth a the puerperium		2,467*	7,726
Diseases of the skin and the cellular tissue	٠.	867	18,274
Muscular rheumatism and rheumatism unspecified	pe-	214	13,767
Accidents, poisoning, and violence	•••	3,164	53,143

^{*}Excluding 2,855 normal deliveries.

TABLE IV

MORBIDITY AND MORTALITY IN HOSPITALS BY GROUPS OF DISEASES (INTERNATIONAL CLASSIFICATION—1948)

	Car	au A		Λ	Iale	Fen	na le	Ta	otal
	GT	оир		Cases	Deaths	Cases	Deaths	Cases	Deaths
I	•••	• • •	• • •	1,089	87	915	52	2,004	139
II	•••	•••	•••	133	27	378	16	511	43
III	• • •	•••	•••	492	38	525	40	1,017	78
IV	•••	•••		561	13	1,307	14	1,868	27
V	•••	•••	•••	317	_	217	Modelmen'	534	_
VI	• • •	•••	•••	667	48	484	28	1,151	76
VII	•••	•••	•••	769	72	532	60	1,031	132
VIII	•••	•••	•••	919	54	683	34	1,602	88
IX	•••	•••	•••	1,745	86	1,279	48	3,024	134
X	• • •	•••	•••	457	14	750	9	1,207	23
XI	•••	•••	•••		_	5,322	70	5,322	70
XII	•••	•••	•••	614	1	25 3		867	1
XIII	•••	•••	•••	291	2	164	1	455	3
XIV	•••	•••	•••	42	7	34	2	76	9
XV	•••	•••	•••	170	135	134	111	304	246
XVI	***	•••	•••	809	48	1,059	24	1,868	72
XVII	•••	•••	•••	2,388	73	776	49	3,164	122
	То	TALS	•••	11,463	705	14,812	55 8	26,275	1,263

GROUP

I—Infective and parasitic diseases.

II—Neoplasms.

III—Allergic, endocrine system, metabolic and nutritional diseases.

IV—Diseases of the blood and blood-forming organs.

V—Mental, psychoneurotic and personality disorders.

VI—Diseases of the nervous system and sense organs.

VII—Diseases of the circulatory system.

VIII—Diseases of the respiratory system.

IX—Diseases of the digestive system.

X—Diseases of the genito-urinary system.

XI—Deliveries and complications of pregnancy, childbirth and the puerperium.

XII—Diseases of the skin and cellular tissue.

XIII—Diseases of the bones and organs of movement.

XIV—Congenital malformations.

XV—Certain diseases of early infancy.

XVI—Symptoms, senility and ill-defined conditions.

XVII—Accidents, poisonings and violence.

TABLE V

Total, Births and Deaths for Period 1940—1956

	Year		Births	Deaths
1940	•••	•••	12,145	10,373
1941		•••	13,430	10,436
1942	•••	•••	13,553	11,927
1943	•••	•••	13,604	10,642
1944		• • •	18,258	11,355
1945		•••	16,290	15,277
1946	•••	•••	16,427	12,528
1947	•••	•••	18,926	8,680
1948	•••	•••	19,039	10,518
1949	`•••	•••	20,472	7,384
1950	•••	•••	23,110	6,453
1951	g 14 6	•••	22,968	7,208
1952	×	•••	24,120	7,447
1953	•••	•••	23,896	8,299
1954	•••	•••	21,926	8,462
1955	•••	•••	22,970	7,088
1956	• 10	•••	24,910	6,739

DEATHS FROM PRINCIPAL CAUSES 1947—1956 (INTERNATIONAL LIST 1938 REVISION

	X	ath ute	2.37	5.4	2.44	0.2	8.0	9.6	5.2	.3	5	is
	I Ino.	No. Death of rate dths %	26 2	2 870	385	113 2	35 2	101	69	47 3	52 2	65 1
	Gr	No of dth	1,0	1,0	1,0	CV	1,3	1,3	1,2	1,7	1,3	∞
	VIII	seath rate %	90.2	3.0	1.87	2.1	2.2	2.3	5.6	2.3	1.4	1.4
NOI	Group]	No. Death of rate dths %	893	1,318	831	846	1,072	1,150	1,323	1,206	762	773
IVEVIO	IIIA	Death rate %	0.48	9.0	0.85	6.0	8.0	6.0	1.1	1.0	1.0	6.0
1 1730	Group	No. of dtlis	206	294	381	410	399	441	559	553	573	498
מידו קא	M \sim	Death rate %	82.0	8.0	0.82	8.0	6.0	6.0	1.0	6.0	2.0	2.0
AATIOIN	Grout	No. of dths	339	378	365	387	437	457	515	470	392	398
(INTERNI	A dn	5. Death No. Death No. Death No. Death No. Death No. Death No. Death No. Death No. Death of rate of rate of rate of rate of rate of rate of dths % dths % dths % dths % dths % dths %	0.01	0	0	0	0	0	0	0	0	0
0001	Gro	No. of dths	4		Ī	-			9	າດ	9	7
11/1	$M \neq M$	Death rate %	1.33	1.0	1.05	8.0	1.0	1.0	1.0	1.1	8.0	2.0
02100	Gro	No. of dths	577	451	470	378	483	515	504	260	457	413
20	f III	Death rate %	0.56	0.3	0.28	0.5	0.3	0.3	0.3	0.4	0.5	9.0
TIO VIIV	Grou	No. of dths	111	130	127	103	134	149	176	196	277	344
TO CAT	$II \phi II$	Death rate %	0.17	0.5	0.27	0.3	0.5	0.3	0.3	0.3	0.3	0.3
CIT	Grot	No. of dths	92	88	121	122	103	128	139	145	144	149
7	I d	No. Death of rate dths %	5.47	9.5	3.60	2.1	8.1	1.4	6.1	1.3	9.0	9.0
	Grou	No. 1 of tths	2,366	4,052	1,603	975	863	713	086	665	311	354
			:	:	:	:	:	:	:	:	:	• • •
		Year		:		:		:				:
			1947	1948	1949	1950	1951	1952	1953	1954	1955	1956

I—Infective and parasitic diseases

-Cancer and other tumours

-Rheumatism, diseases of nutrition and of endocrine glands, other general diseases and deficiency diseases

-Diseases of blood and blood forming organs

-Chronic poisoning and intoxication

VI—Diseases of the nervous system and sense organs

", VII—Diseases of the circulatory system ", VIII—Diseases of the respiratory system tx—Diseases of the digestive system type."

The International List 1948 Revision has been adopted since 1955.

TABLE VI—Continued

			DEATHS		M PR	FROM PRINCIPAL	L CAU	SES 1	947–19	56	NTERN	VATION	TAL L	LIST 1938 REVISION)	38 R	EVISIO	(N		
		Grou	b X		ϕXI	Grou	₽ XII	Group	IIIX	Gr_{i}	AIX	Grout	ΛX	Group	XVI	Group	II	Group.	IIIAX
Year		No. Death of rale deaths %	Death rale %	-	No. Death of rate deaths %	No. of deaths	No. Death of rate deaths %	No. of deaths	Death No. Death rate of rate deaths % deaths % d	No of teat	No. Death No. Death N of rate of deaths % death	No. of deaths	Death rate %	0. r 1/1.s	Death rate	No. of deaths	Death rate %	No. of deaths	Death rate %
1947	:	300	69.0		0.24	47	0.11	3	0	9	0.01	1,129	2.61	-	88.0	172	0.40	938	2.17
1948	:	262	9.0		0.5	44	0.1	S	0	6	0	1,099	2.3	ın	9.0	171	5.0	859	1.6
1949	:	286	0.64		0.5	23	0.02	9	0.01	S	0	842	1.89	9	0.20	189	0.42	741	1.66
1950	:	261	9.0		0.5	34	0.1	7	0	10	0	782	1.7	01	0.4	193	0.4	612	1.3
1951	:	272	9.0		0.5	28	0.1	~	0	14	0	793	1.6	%	0.2	197	0.4	743	1.5
1952	•	315	9.0		0.5	15	0	19	0	1	0	852	1.7	∞	9.0	205	0.4	765	1.5
1953	:	340	0.2		0.1	22	0	38	0.01	6	0	803	1.6	7	2.0	209	0.4	186	1.6
1954	:	350	2.0		0.1	20	0	19	0	9	0	229	1.3	2	2.0	221	0.4	1,200	2.3
1955	:	161	0.3		0.1	6	0	22	0	10	0	199	1.2	%	3.0	247	0.4		1
1956	:	1111	0.5		0.1	12	0	38	0.1	13	0	867	1.5	_	2.8	259	0.2	1	***************************************

-Diseases of pregnancy, childbirth and the puerperal state Group XI — Diseases of urinary and genital organs
Group XII — Diseases of pregnancy, childbirth and the p
Group XIII — Diseases of skin and cellular tissue
Group XIVI — Congenital malformation
Group XIV — Congenital malformation
Group XV — Diseases peculiar to the first year of life
Group XVI — Senility, old age
Group XVII — Deaths from violence
Group XVIII — Ill-defined causes of death.

-Diseases of bones and organs of movement

The International list 1948 Revision has been adopted since 1955

TABLE VII

	01	44	102	71	68	16	54	20	28	45	59	31	7	591
	No. of notices, orders and requests served Cremations attended	296	090,1	820	405	458	873	355	237	512	466	514	503	8,170
	Disinfections Ino hairing Office assigned offices		13 1,		∞		57							223 8,
	างรุงเกิด การ เกา เกา เกา เกา เกา เกา เกา เกา เกา เกา	†	435	213	365	280	1,347	365	184	1,590	365	365	302	5,811
	nspection in connection in service in solve in solve in solve in solve in solve in solve in solve in solve in s	1	229	1	365		98				130			5,078
CTORATE	enes ni nortsafenl notiton with sasasib aldaditan and contacts		30	46	48	18	228	19	28	4	148	18	22	684
H INSPE	-1100 111 110110045111	19,081	12,702	5,455	3,411	3,100	4,136	5,254	534	8,794	4,154	5,065	382	72,068
HEALTH	no noitosqent acconn fo nnooo sguiblind	544	786	640	323	136	308	345	490	306	566	170	137	4,751
V THE	Insfection of other	19,081	11,813	5,428	. 1	5,681	1	1	8,239	8,794	5,539	5,065	5,151	74,791
T. R.	Sopult ouis	35	100	4	元 十	10	ນ	2	10	CI	61		30	250
RWE	sloods to noitsetsu	_	197	29	1	1	154	7.5	99	51	25	89	78	978
PERFORMED	stokram ot stisi	37	- 1	1	365		189	ţ	70	1,272	103	365	1	2.401
MOBY	yətilgunle ot stier səsuod	ς 1	1		375	78	285	143	53	1	10	ļ	ţ	947
M ao	6261111214	2.078 1 0.78	592	930	781	278	1,380	502	1,434	204	1,150	407	129	9.865
ADV	รอมแรเจ	S 2	ا دن	10	27	1	27	48		4	4	2	1	1+7
Crististopy	sttutsboot to soldmn rot bollimdus sisylnnn	S 62	8/ 1/	70	: 1		105	36	ļ	1	16	36	1	433
	to noiinnimnni stinishoot	70. 1904	503	373	210	73	620	632	1,206	204	,655	55	120	6,958
				rict	}					•	. :	:	:	:
	Districts or Sections	rt I onis District	mplemonsses Distric	v. du Rempart Distric	aca—North Section	aco—South Section	and Port District	vanne District	repipe Section	coas Section	se Hill Section	oka District	Black River District .	TOTAL
		D	i d	. is	T	王	G	Sa	ű	>	R	M	m	

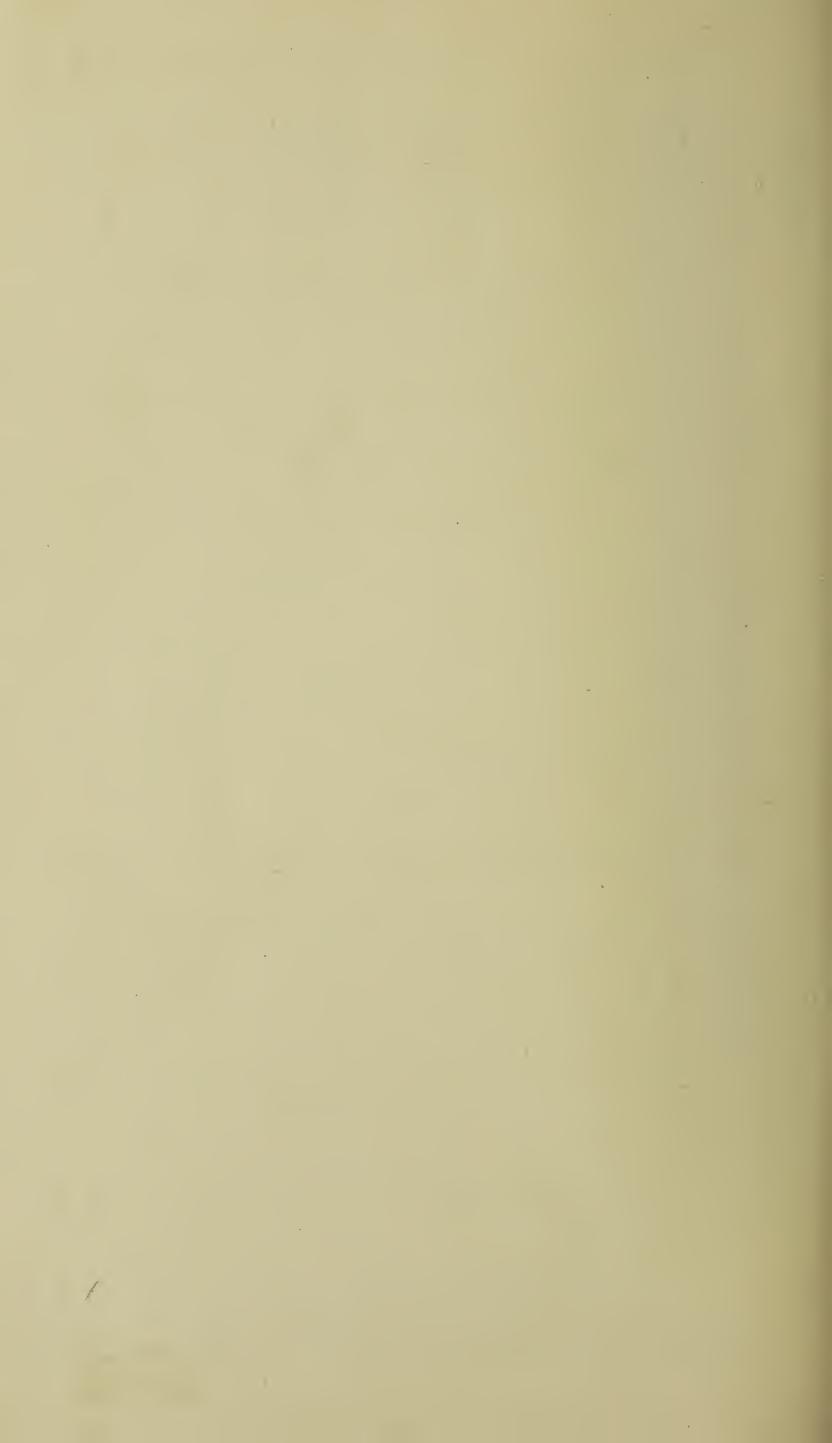
CABLE VIII

SHIPPING MOVEMENTS IN PORT LOUIS HARBOUR DURING CALENDAR YEAR 1956

els pur- ection	olera													
No. of vessels detained for pur- poses of disinfection on account of Plague, Cholera and Smallpox		'	I	1	Ì	ļ	1	•	1	1	1	1	-	[
No. of vessels admitted to Pratique after Fumi- gation of Cargo		12	11	11	11	∞	ıv	8	4	~	10	4	7	66
No. of vessels admitted to Pratique after disinfection of linen and effects of Passengers and Crew		4	2	2	3	33	ιΩ	61	7	7	13	7	63	57
No. of Passengers under surveillance		Nii	- Control of the Cont	Baratina (1	1	1		and the second	1	1	I		
No. of Passengers	Transit	547	575	269	&	53	157	511	520	584	453	1,227	864	6,196
No. of P	Landing	1,380	276	650	64	35	91	181	223	2.48	181	610	466	4,405
No. of crew examined		1,872	1,599	2,071	1,598	1,245	1,734	1,476	1,590	2,051	1,822	2,473	2,520	22,051
No. arriving from infected ports		2	2	9	2		က	H	∞	10	10	10	۵	64
No. admitted to Pra- tique on arrival		24	18	27	18	16	23	20	15	21	25	22	31	260
No. of in- coming vessels		26	20	33	20	17	26	21	23	31	35	32	40	324
		:	:	:	:	:	:	:	:	:	:	:	:	
Month		:	:	:	:	:	:	:	:	:	:	:	:	Total
Mo		January	February	March	April	May	June	July	August	September	October	November	December	T

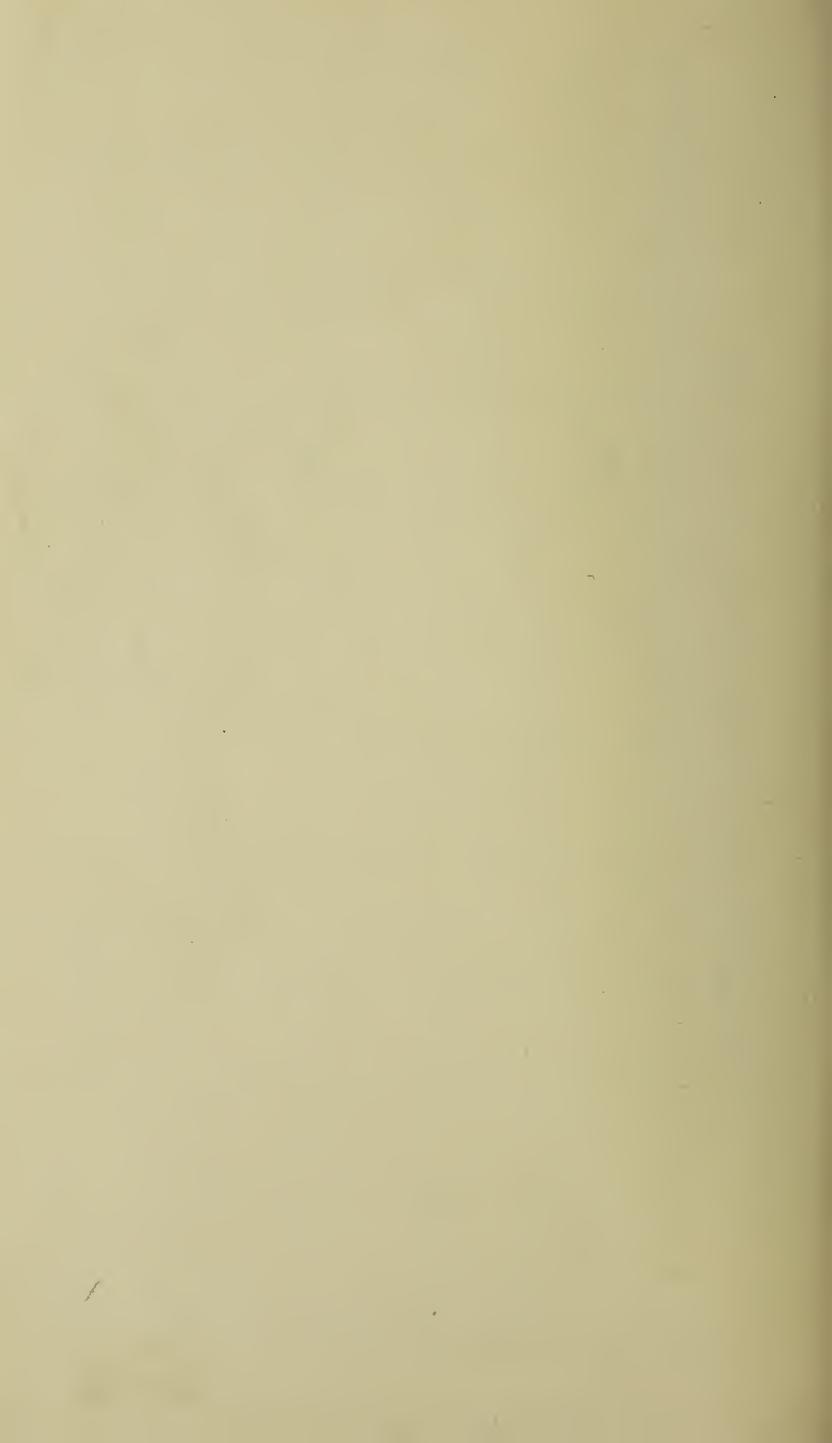


1935 1936 1937 1938 1939 1740 1941 1942 1943 1944 1945 1946 1947 1948 1949 1950 1951 1958 1953 1954 1955 1956



BIRTH RATES DEATH RATES

CRUDE BIRTH AND DEATH RATES 1945 TO 1956



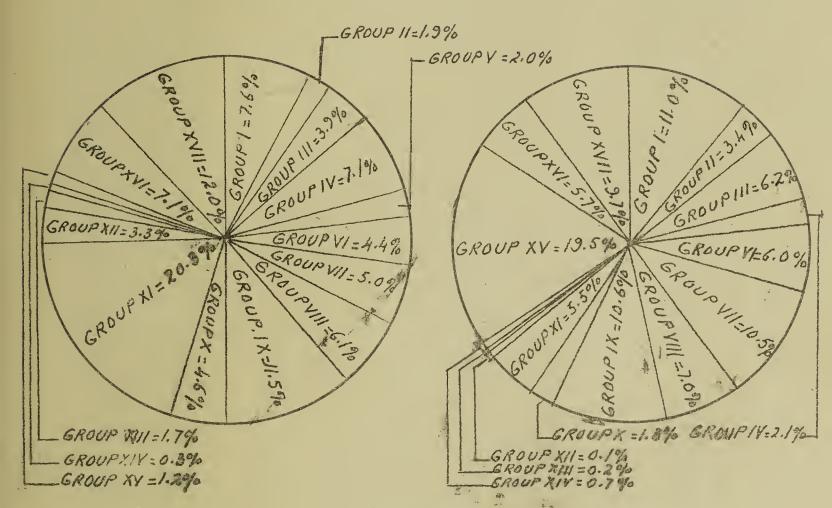
YEAR 1956

Proportion in percentages of diseases in hospital, by Section of the International Statistical Classification of Diseases, 1948, to total cases treated in hospital.

TOTAL INCIDENCE = 26,275

Proportion in percentages of deaths in hospital, by Section of the International Statistical Classification of Diseases, 1948, to total deaths in hospital.

TOTAL DEATHS = 1,263



Reference

GROUP I. Infective and Parasitic Diseases.

GROUP II. Neoplasms.

GROUP III. Allergic, Endocrine System, Metabolic and Nutritional Diseases.

GROUP IV. Diseases of the Blood and Blood forming organs.

Group V. Mental Psychoneurotic and personality disorders.

Group VI. Diseases of the nervous system and sense organs.

GROUP VII. Diseases of the Circulatory system.

GROUP VIII. Diseases of the Respiratory system.

Group IX. Diseases of the Digestive system.

GROUP X. Diseases of the Genito-Urinary system.

GROUP XI. Deliveries and complications of pregnancy, childbirth and Puerperium.

GROUP XII. Diseases of the skin and cellular tissue.

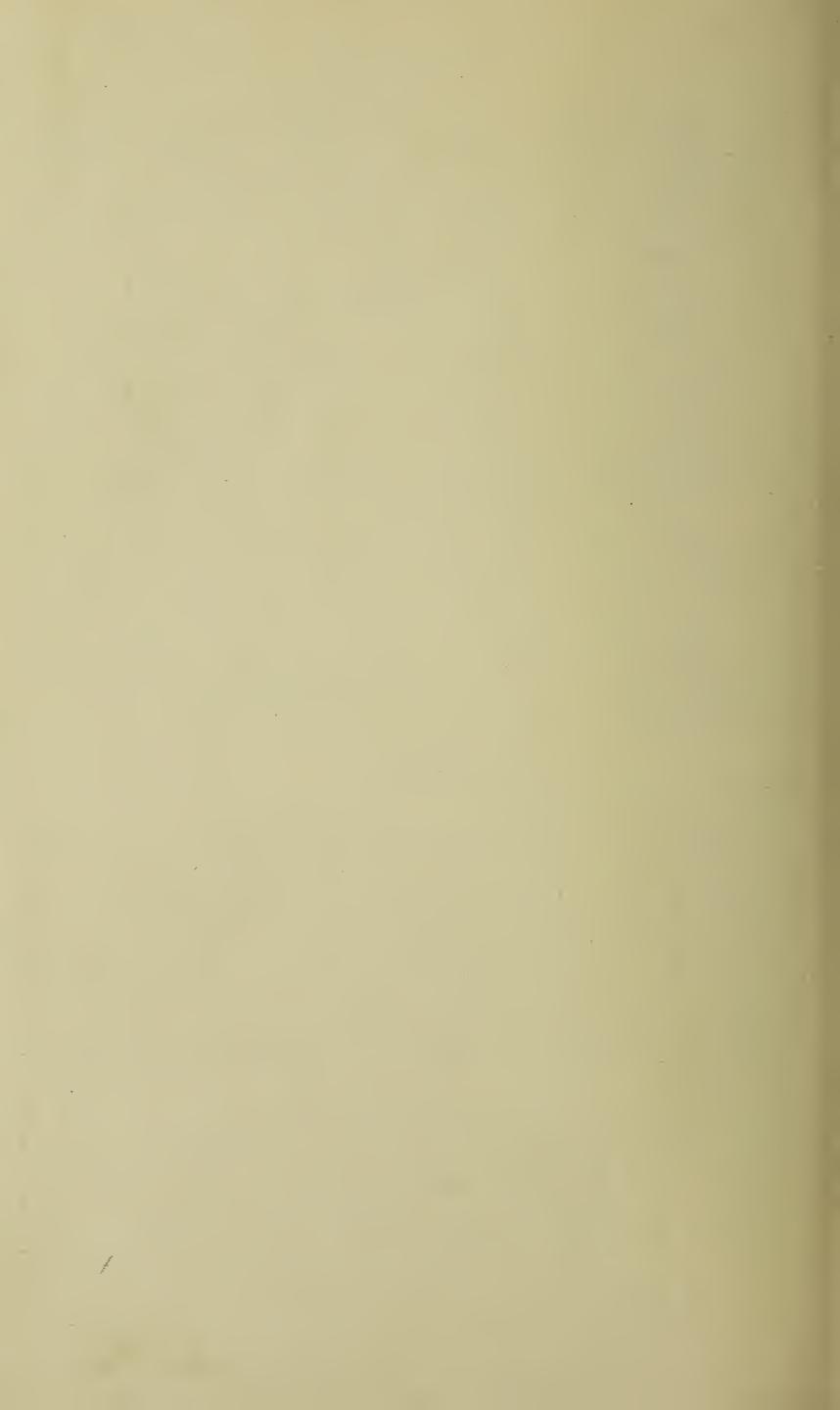
GROUP XIII. Diseases of the Bones and organs of movement.

GROUP XIV. Congenital Malformations

GROUP XV. Certain Diseases of early infancy.

GROUP XVI. Symtoms, Senility and ill-defined conditions.

GROUP XVII. Accidents, Poisonings and Violence.



in percentages of certain YEAR 1956 Proportion in percentages of certain infective and parasitic diseases treated infective and parasitic diseases of infective and parasitic diseases treated. (Section! of Intervational. Statistical causes of cleath.

TOTAL INCIDENCE = 2,004

- Syphilis & its TOTAL DEATHS=139 Tubereulosislallfu All other infective cliseaves=38.1% and parasitic

· Sonococcal Infection=0.6% All other infective diseases=26.6% and parasitic

- Diphtheria=1.7% Schristosomiasis=1.7% Filariasis= 0.9% -

and parasitic diseases.

and parasitic diseases to total deaths in hospital, due to infective



